



Solicitation Information

October 5, 2012

Request for Proposals #7458167

TITLE: Request for Proposals – IV&V for the RI Unified Health Infrastructure Project

Submission Deadline: November 14, 2012 @ 10:00 AM (Eastern Time)

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **October 25, 2012 @ 12:00 PM NOON (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Vendors: Offers received without the entire completed three-page Rhode Island Vendor Information Program (RIVIP) Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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1 Introduction

The Rhode Island Division of Purchases (“Division”), on behalf of the State of Rhode Island (“State” or “Rhode Island”), is issuing this Request for Proposals (RFP) to procure one vendor to provide independent verification and validation (IV&V) services covering the design, implementation, and operation of a technology platform to support both new and existing health insurance initiatives under the Affordable Care Act (ACA) as well as existing human services programs.

The integrated technology program is referred to as the Unified Health Infrastructure Project (UHIP).

This RFP is issued on behalf of:

- The Department of Administration contract compliance through the Project Coordinator and along with the other agencies, providing UHIP project leadership.
- The Executive Office of Health and Human Services (EOHHS) which includes Rhode Island’s Medicaid and Children’s Health Insurance Program (CHIP) programs;
- The Department of Human Services (DHS) which administers other economic support programs including, but not limited to, the Supplemental Nutrition Assistance Program (SNAP), Rhode Island Works, the Temporary Assistance to Needy Families (TANF) program, Child Care, General Public Assistance, State Supplemental Payment, and Child Support;
- The Office of the Health Insurance Commissioner (OHIC) which is the State’s health insurance regulator; and
- The Rhode Island Health Benefits Exchange, which will administer Advanced Premium Tax Credits (APTCs), Small Business Health Options Program (SHOP), and serve as a resource for all Rhode Islanders to compare health insurance coverage options.

This procurement for IV&V Services will be conducted in accordance with the State’s General Conditions of Purchase available at www.purchasing.ri.gov.

This is an RFP; responses will be evaluated on the basis of the relative technical merits of the proposals received in addition to cost. There will be no public opening and reading of the responses received by the Division pursuant to this RFP, other than to name those vendors who have submitted requests for proposals.

Note: This RFP contains references to the “implementation vendor” who will be awarded a contract to develop and operate the health benefits exchange and integrated eligibility system (HIX/IES), per RFP #7449637, included as Appendix L of this RFP. The implementation vendor is not to be confused with the IV&V vendors who are the audience of this IV&V RFP.

1.1 Instructions and Notifications to Vendors

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.

9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1
Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful vendor(s).*
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov.

2 Background

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA creates an opportunity to reform the health insurance marketplace in order to provide all Americans with quality, affordable health insurance coverage.

While the ACA provides states with significant latitude in how to implement the reforms, it also sets forth expectations regarding consumer-mediated enrollment processes, systems architecture and security, coordination among Medicaid, CHIP, and the Exchange, sharing of IT assets among states, and more.

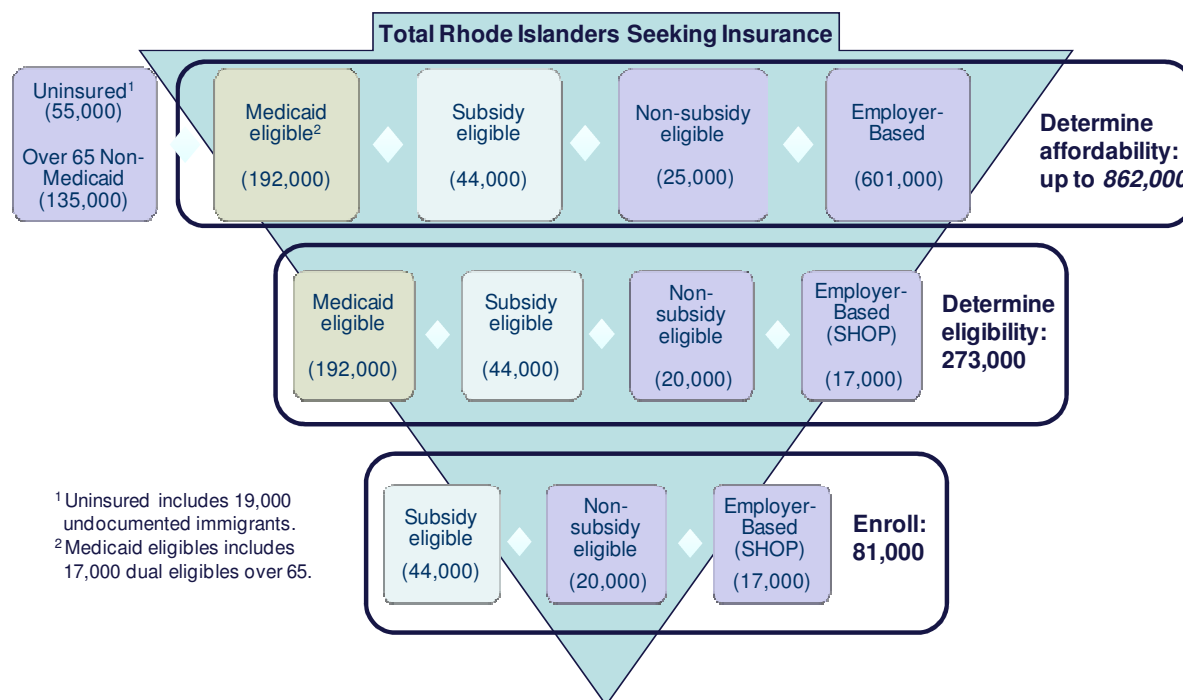
2.1 Health Benefits Exchange

The ACA requires all states to establish a Health Benefits Exchange (Exchange). In essence, the Exchange is an organized marketplace to help consumers and small businesses buy health insurance in a way that permits easy comparison of available plan options based on price, benefits, and quality. Exchanges will offer “qualified health plans” to individuals and small employers. Under the ACA, states are required to prove “operational readiness” for certification as a state-based Exchange before January 1, 2013, and begin enrolling individuals and small businesses in coverage through the Exchange on October 1, 2013, with coverage beginning January 1, 2014.

Over the past year, Rhode Island has developed its own plan for a state-based health insurance exchange. Rhode Island’s Exchange will provide a robust marketplace for *all* Rhode Islanders to identify insurance coverage options and provide an online “store” for those eligible to receive or purchase coverage. Thus the Exchange will have a broad customer base, including Medicaid eligible individuals and families, Exchange-subsidy eligible individuals and families, individuals and families purchasing coverage without a subsidy, small employers and their employees, and employees of large employers.

Once implemented, Rhode Island anticipates that all Rhode Islanders seeking insurance will be able to use the Exchange web-based portal to compare price and quality of insurance coverage. As depicted in the figure below, this will include both Rhode Islanders eligible for public subsidies and those with employer-based coverage for a total of 862,000 potential users. We estimate that 273,000 Rhode Islanders will use the Exchange to determine eligibility for subsidized insurance, including 192,000 new and existing Medicaid customers. We further estimate that 64,000 Rhode Islanders will purchase individual coverage and another 17,000 will purchase small group coverage through the Exchange, for a total of approximately 81,000 Exchange plan enrollees. About half of those Exchange-eligible individuals will enroll in an Exchange plan in 2014, and virtually all Exchange-eligible individuals will enroll in an Exchange plan before 2016.

Exhibit 1. Anticipated HIX/IES System Use



As required by the ACA and subsequent federal guidance, the core functions of an Exchange include the following items:

- Certification, recertification, and decertification of qualified health plans
- Exchange website
- Premium tax credit and cost-sharing reduction calculator
- Eligibility determinations for Exchange participation, advance payment of premium tax credits, cost-sharing reductions, and Medicaid/CHIP determinations and redeterminations
- Seamless eligibility and enrollment process with Medicaid and other State health subsidy programs
- Enrollment process
- Applications and notices
- Individual responsibility determinations
- Administration of premium tax credits and cost-sharing reductions
- Notification and appeals of employer liability
- Information reporting to IRS and enrollees
- SHOP Exchange-specific functions

The following ACA required functions are not specifically to be procured through the Implementation RFP, although the technology platform will be required to support these functions:

- Call center

- Quality rating system
- Navigator program
- Adjudication of appeals of eligibility determinations
- Outreach and education
- Risk adjustment and transitional reinsurance

2.2 Medicaid, CHIP, Other Human Services Programs, and Exchange-Based Subsidy Programs

The Affordable Care Act expands Medicaid eligibility: effective on January 1, 2014, Medicaid will be available for the first time to individuals without minor children earning less than 133 percent of the federal poverty level (FPL). Rhode Island currently provides Medicaid coverage to parents with minor children up to 175 percent of the FPL. Rhode Island may choose to no longer cover parents whose income is above 133 percent in 2014. Rhode Island children and pregnant women are eligible for Medicaid or CHIP coverage up to 250 percent of the FPL.

In order to maximize seamlessness and efficiency among affected programs, Rhode Island will implement a single IES that must be ready for open enrollment in October 2013, based on a rules engine that will ultimately replace the current eligibility-determination system and support Medicaid, CHIP, and Exchange-based subsidy programs.

The new IES will be brought online in two phases. Phase 1, which includes support for MAGI-based eligibility determinations, will be functional by October 1, 2013. Other human services programs, including non-MAGI-based Medicaid, will be migrated to the new system in Phase 2 by December 31, 2015. The Phase 2 implementation will rely on the functionality put in place during Phase 1. Documentation regarding the scope of work for both phases is contained within the UHIP implementation RFP (#7449637).

The Rhode Island Executive Office of Health and Human Services (EOHHS) will oversee the migration of complex Medicaid programs to the IES in Phase 2. The Rhode Island Department of Human Services (DHS) will oversee the migration of five programs to the IES during Phase 2. The five are the Supplemental Nutrition Assistance Program (SNAP); Rhode Island Works, the Temporary Assistance to Needy Families (TANF) program; the Child Care Assistance Program; General Public Assistance (GPA); and the State Supplemental Payment (SSP) for SSI.

2.3 Approach: Unified Health Infrastructure Project

Given the concurrent technical investments in Rhode Island's Exchange and the new eligibility system, Rhode Island is moving forward with these two investments as a single project. Rhode Island's interagency team developed an integrated vision for serving individuals and families eligible for Medicaid/CHIP and commercial based plans through a single technology solution. Rhode Island's Unified Health Infrastructure Project (UHIP) is a long-term initiative to design a new, consolidated, integrated, end-to-end service delivery model for many programs to enhance the customer experience and the State's efficiency and efficacy.

Ultimately, the UHIP will create a new set of technology and business processes that can be used by many programs and provide a single, positive experience for customers. The UHIP will create a set of business processes supported by a new technological system. Together these will provide Rhode Islanders and their families, Rhode Island businesses and their employees, and insurers serving the Rhode Island market an integrated, end-to-end service architecture for health insurance, Medicaid, and human service programs. The Implementation RFP is intended to be the first step, to build the initial technical platform and capacity for UHIP, while meeting the requirements and deadlines for Exchange development under the ACA and Eligibility systems development as defined by the State of Rhode Island and the federal government. (A complete list of statutory and regulatory documents was included as Appendix I of the Implementation RFP.)

2.4 Overview of the HIX/IES Solution

The following sections provide high-level descriptions of Rhode Island's intended implementation of the major business areas. The business requirements for each of these areas are documented in Appendix M of the UHIP implementation RFP (#7449637).

2.4.1 Individual and Family Eligibility and Enrollment

Rhode Island has designed an eligibility and enrollment process that is entirely integrated and seamless from the consumer's point of view, whether the user is determined eligible for Medicaid/CHIP, premium tax credits, or no financial assistance, and whether the user is enrolling in a Medicaid managed care plan, the Basic Health Program (should Rhode Island decide to create one), or an Exchange-Qualified Health Plan (QHP) including potentially standalone dental plans.

There is a single integrated process from the point of application to a determination of eligibility and, for families or individuals who need to choose a plan, plan selection. There are two separate processes for plan enrollment: QHP plan enrollment will occur within the HIX/IES, while the IES will inform the MMIS of plan choice for Medicaid/CHIP. Medicaid/CHIP plan enrollment will occur outside of the IES in the MMIS. However, the consumer experience should be the same regardless of the program or programs for which the individual/family applies or is determined eligible. The business process flows and requirements that reflect this design are described in Appendix O of the UHIP implementation RFP (#7449637).

2.4.2 Small Business Health Options Program (SHOP) Eligibility and Enrollment

Rhode Island seeks an integrated eligibility and enrollment process for small business employers and their employees. The system shall evaluate the eligibility of small businesses and their employees for SHOP coverage, and allow eligible employers to evaluate their coverage options, define a contribution strategy and pay for coverage in an aggregated manner. Rhode Island intends that a single integrated eligibility system be used to determine eligibility for individuals and families as well as small employers and their employees.

The system must also provide an interactive plan comparison process and decision support tools to facilitate employee choice of coverage options. Where appropriate, the system shall

inform employers and/or employees regarding alternative options for individual subsidized coverage and allow for individual subsidy determination.

This process must be able to be performed independently or facilitated by an approved assister/broker, and must support multiple models of employee choice and employer contributions. The business process flows and requirements that reflect this design are included as Appendix R of the UHIP implementation RFP (#7449637).

2.4.3 Plan Management

Rhode Island seeks an integrated health plan certification function that integrates QHP certification with the rate review regulatory process through the Office of the Health Insurance Commissioner. The business process flows and requirements that reflect this design are attached as Appendix P of the UHIP implementation RFP (#7449637).

2.4.4 Financial Management

Rhode Island seeks an experienced implementation vendor to provide an integrated financial management system that will process, track and report Exchange financial transactions and notifications, including payments, collections, IRS and CMS notifications of enrollment and subsidy determinations and small business tax credits. This system shall support three primary business functions: (1) premium collection and processing to support both SHOP and individual enrollment processes; including calculation, payment and reporting of advanced premium tax credits and cost sharing reductions; (2) internal bookkeeping and accounting systems to track, monitor and report on expenses and receipts; and (3) financial oversight and monitoring of programs to prevent fraud, waste and abuse.

For small businesses purchasing through Rhode Island's SHOP, the system must provide multi-product, multi-carrier premium collection and processing that supports multiple models of employee choice and employer contributions. The attached business process flows and requirements that reflect this design are attached as Appendix Q of the UHIP implementation RFP (#7449637).

2.4.5 Customer Service

Rhode Island's Exchange will provide a robust marketplace for all Rhode Islanders to identify insurance coverage options and provide an online "store" for those eligible to access or purchase coverage. Thus, the Exchange will have a broad customer base, including Medicaid/CHIP eligible individuals and families, subsidy eligible individuals and families, individuals and families purchasing without any subsidy, small employers and their employees and dependents, and employees and dependents of large employers. Rhode Island envisions the Exchange web portal will also provide information about and enable access to SNAP, TANF (Rhode Island Works), Child Care, General Public Assistance, and State Supplemental Payments for SSI.

Building a fully integrated consumer support infrastructure is essential to launching a successful Exchange. Rhode Island has divided this business area into four components: outreach/education, call center, Navigator program, and complaints/appeals. Emphasis is on creating a highly integrated consumer support system that will provide the customer

with multiple options. Those options will range from self-service (the portal), to agent mediated (call center), or to in-person navigator support, depending on the user's needs. Customers will be able to go from one tier of support to another in both directions.

The portal will be a customer service online option, which may be completely self-service from beginning to end. If at any point a customer needs more support – such as a question, or trouble navigating the on-line system, the customer will be offered a variety of support options. The “Call Center” will offer a variety of contact methods. In addition to traditional telephone communication with a phone assister, customers will be offered text, email, live chat, as well as other social media communication. Customers may also select to meet with an in-person, community-based navigator, and will be able to schedule a Navigator appointment on the portal or through the comprehensive Call Center. If one gateway leaves the customer with unresolved issues, there will be another tier of support available. The portal will support all of these functions in some capacity.

In addition, the system is expected to provide methods to ensure inclusive access to RI's customers, including providing access for customers:

- Whose primary language is other than English.
- Who are illiterate.
- Who read at or below a 6th grade reading level.
- Who have a handicapping condition(s) including speech, hearing, cognition, or mobility.

2.5 High Level Technical Overview

Through the UHIP implementation RFP (#7449637), Rhode Island is seeking innovative, flexible, and interoperable solutions for design and development of the HIX/IES. Solutions must be flexible enough to adapt to changing policies and business rules, interoperate with external systems, take advantage of modern technologies, utilize best practices, and provide a positive user experience.

The project must follow agile software development principles and practices, including early and continuous delivery of software, regular collaboration between business subject matter experts and developers, and iterative functionality reviews to assure the State meets its business needs.

The solution must be a web-based solution hosted at a secure location in the United States.

The new HIX/IES will be implemented in two phases: core Exchange functionality and MAGI-based Medicaid eligibility determination (Phase 1), and eligibility determination for non-Magi-based Medicaid and other human services programs, including SNAP, TANF (Rhode Island Works), Child Care, General Public Assistance, and State Supplemental Payments for SSI (Phase 2).

The implementation vendor will iteratively migrate the Medicaid and Human Services eligibility system from the State's InRhodes legacy eligibility system to the new eligibility system. Phase 1 of the migration will culminate in the MAGI implementation for Medicaid by October 1, 2013. Phase 2 will be the Medicaid non-MAGI implementation and all other Human Services programs including SNAP, TANF (Rhode Island Works), Child Care,

General Public Assistance, and State Supplemental Payments (Phase 2), required before December 31, 2015.

The implementation vendor will be required to assist in the creation and testing of business rules to support eligibility determination and other HIX functions. These business rules must be shareable with other states or the federal government, and must be made available through CMS's Collaborative Application Lifecycle Tool (CALT).

The State requires implementation bidders to present an approach that meets the Seven Conditions and Standards contained in CMS Medicaid IT Supplement, MITS-11-01-v1.0, released in April 2011 and to meet the eligibility-related sections of the CMS MITA 2.0 Framework, and is prepared to address MITA 3.0.

Requirements stated in the ACA and other federal guidelines must be incorporated into any proposal. Generally applicable sections include but are not limited to Sections 1301 through 2201 of the ACA and additional guidelines contained in Appendix I. The successful IV&V vendor will be required to work within all relevant State and Federal applicable guidelines.

The vendor will be required to comply with IV&V regulatory requirements detailed in 45 CFR 95.626 which requires that IV&V efforts be conducted by an entity that is independent and that:

- a. Develops a project work plan that is provided to CMS at the same time it is provided to the State,
- b. Reviews and make recommendations on both the management of the project, both State and vendor, and the technical aspects of the project,
- c. Consults with all stakeholders and assess user involvement and buy-in regarding system functionality,
- d. Conducts an analysis of past project performance sufficient to identify and make recommendations for improvement,
- e. Provides risk management assessment and capacity planning services,
- f. Develops performance metrics which allow tracking project completion against milestones set by the State.

2.6 Interstate Collaboration

Where appropriate, technology system components and business rules must be shareable with other interested stakeholders, including other states, consortia of states, and the federal government. Rhode Island expects the implementation vendor to seek to collaborate with and take advantage of deliverables from early innovator states such as the New England States Collaborative Insurance Exchange Systems (NESCIES) project or other state and federal projects.

Rhode Island is depending on the ability to utilize functionality from other states and, in turn, share functionality with other states. Implementation vendors are expected to propose strategies that reduce build and ongoing operations costs by leveraging technology components from other states or the federal government, sharing technology systems or operational capacities with other states developing HIX/IES systems, and reusing suitable federal/state customizations from other states.

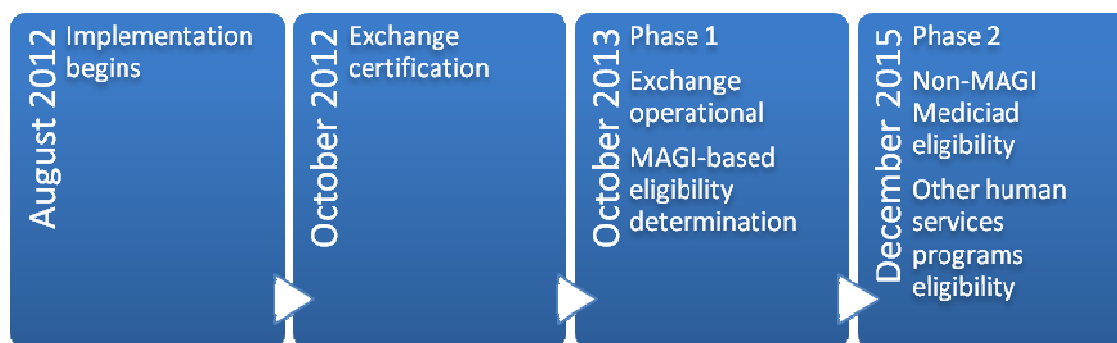
2.7 Project High-Level Schedule

While details of the project schedule have not yet been established, Rhode Island has established a roadmap, and defined prioritization principles that will dictate a project schedule. Key prioritization principles are as follows:

1. **Legislative Requirements for ACA and Medicaid:** The integrated business process vision is a multi-year IT enabled transformation that will be achieved in stages, rather than all at once. Key operational milestone dates defined in the ACA must be of first priority, such as implementation of base MAGI eligibility and Exchange functionality by October 1, 2013.
2. **Funding:** The funding for achieving an integrated business process vision will come from a variety of sources. As such, the implementation schedule must consider the availability and source of funding to build out the required functionality in all stages. Specifically, Establishment Grant funding is only available through 2014, and enhanced federal Medicaid 90/10 funding expires in 2015.
3. **Resource Capacity:** There may be constraints in the availability of either internal or external resources to accomplish project activities required to realize the integrated process

The project is therefore designed in two phases. Phase 1 includes implementation of the core integrated eligibility system with support for MAGI-based eligibility determination, and implementation of an operation Health Benefits Exchange (including determinations of eligibility for tax credits, enrollment in Medicaid plans and QHPs, etc.). Phase 2 comprises the incremental integration and migration of other human services programs, including non-MAGI Medicaid, from the legacy eligibility system to the new IES. Based on these considerations, the high-level UHIP timeline is shown in the following exhibit.

Exhibit 2. High Level UHIP Project Timeline



2.8 Integrated Business Vision

Rhode Island has developed a vision for a comprehensive business process that integrates key functions of Medicaid (through EOHHS), the Department of Human Services (DHS), the Exchange, and the Office of the Health Insurance Commissioner (OHIC). This RFP, and the

technology platform it seeks to procure, will not implement this integrated business vision in its entirety, but the vision should guide decision-making throughout the project.

2.8.1 Individuals

Rhode Island envisions one integrated business process for individuals serving a range of Medicaid, ACA, and other health and human services programs. The process will run on multiple channels, support both self-service and agent-mediated interactions, with tiers of support available, and will be configured for delivery by both direct and indirect service delivery partners, and sensitive to the full range of qualifying events.

2.8.2 Employers/Employees

Rhode Island envisions one integrated (end-to-end) business process for employers and employees (eligible employees of small business that have chosen to enroll in the SHOP exchange) serving existing Medicaid (e.g. Rite Share) and new ACA programs (e.g. SHOP) with the future potential to support state and municipal employee health insurance programs. The process will run on multiple channels, support both self-service and agent-mediated interactions, with tiers of support available, and will be configured for delivery by both direct and indirect service delivery partners, and sensitive to the full range of qualifying events.

Where affordability is an issue for an employee, a pathway to the individual process will be supported.

2.8.3 Carriers

We envision one integrated (end-to-end) health insurance regulation and contracting process for Carriers that covers:

- **Carrier Licensing:** Licenses carriers to sell insurance in Rhode Island.
- **Plan Certification:** Certifies that a plan meets the regulatory requirements of the State (e.g. network adequacy requirements)
- **Rate Filing, Review and Approval:** Reviews and approves rate changes filed by carriers within the State market. To support the Exchange, this process should extend to the level of product and benefit
- **Product Rating:** Rates products by actuarial value tier (e.g., platinum, gold, silver, bronze).
- **Benefits Information Management:** Helps carriers maintain and communicate information on the benefits provided by their plans
- **Risk Management:** Identifies risks associated with adverse claims experience and provides risk adjustment and/or re-insurance to balance these risks across carriers
- **Oversight and Monitoring:** Ensures that carriers comply with applicable health insurance regulations and contractual obligations
- **Provider List Management:** Provides the capacity on the Exchange Portal for individuals/families choosing health insurance to find plans that include their primary

care provider or specialist, including whether or not the provider accepts new patients. Mechanisms need to be in place to update issuer networks.

- Payments to Carriers, Brokers, Navigators: Provides payments to carriers, brokers and navigators based on their role in advising insurance clients and delivering government-subsidized health insurance services

This process will provide a single, comprehensive application process for Issuers that runs on multiple channels, enables both self-service and agent-mediated interactions, and with tiers of support available.

2.9 Functional Purpose

Rhode Island envisions an automated, seamless, and integrated technology platform to maximize enrollment of the eligible population in health coverage and human services programs and a streamlined process for applications that require the attention of a caseworker or other assistor. The HIX/IES system will create a high-quality customer experience utilizing seamless coordination between the Exchange, Medicaid, DHS, and OHIC. The project will institute and leverage seamless interactions between the Exchange, plans, employers, Navigators, brokers, state field offices (where caseworkers are located), and community-based organizations and providers offering enrollment assistance.

In accordance with federal guidance that has been released to date:

- Rhode Island customers (including individuals and families, employers, and employees) will be evaluated for eligibility for the Exchange, Advance Premium Tax Credits, cost sharing reductions, exemptions from the individual mandate, Medicaid and other human services using a coordinated set of rules which uses a common or shared eligibility system or service to adjudicate eligibility determinations for most individuals.
- The technology platform will allow Rhode Island's EOHHS and DHS workers and Exchange customer service staff to process applications more efficiently by utilizing a modern rules engine, an integrated, multi-channel case management system, and electronic interfaces for both clearances and verification process, wherever possible. The technology platform will provide flexibility to determine and enforce individual workflow and roles.
- The technology platform will further provide case management functions to caseworkers that are supporting beneficiaries to access and use the electronic system, including managing redeterminations, changes in circumstances, disenrollments, appeals, and removal from the system.
- Rhode Island will make it easy for individuals to explore information about their health coverage options, including dental plans, and will quickly and accurately determine eligibility and enroll individuals into coverage. This routing and enrollment in the Exchange, SHOP, Medicaid, and human service programs will be able to happen in real time or close-to-real time for many individuals. Some people may experience discrepancies between the information they provide for an eligibility determination and the information obtained through authoritative sources. In these situations, the technology platform will offer a timely and responsive resolution workflow.

- A federal data hub will be used for the verification responsibilities of the Exchange, Medicaid, and human services programs to the maximum extent allowed under federal law. The system must also support interactions with state and other data sources where federal data is insufficient or unavailable. (Specific data sources are referenced in Appendix M of Implementation RFP 7449637.)
- Exchange customers will experience a high level of service, support, and ease of use, similar to that experienced by customers of leading service and retail companies and organizations doing business in the United States. Rhode Island will aim to provide the same customer experience to all individuals seeking coverage, regardless of source or amount of financial assistance for which they may qualify or whether they enter the process through the Exchange, Medicaid, DHS, or SHOP. Measurement of customer satisfaction must be integrated into the technology platform.
- The technology platform will be able to generate data reports and notification in support of performance management, public transparency, policy analysis, program integrity, and program evaluation, mandatory reporting and customer notifications.

2.9.1 The Business Process of Health Coverage Eligibility Determination and Enrollment

A Rhode Island resident seeking health coverage in 2014 will be able to access information and assistance, and apply for health coverage, through multiple channels. All of these channels will connect with a standardized, web-based system to evaluate the individual's eligibility for coverage through one of four programs: qualified health plans through the Exchange (with or without Advance Premium Tax Credits and cost-sharing reductions), Medicaid, or SHOP. Rhode Island's HIX/IES platform will be a streamlined, secure, and interactive customer experience that will maximize automation and real-time adjudication while protecting privacy and personally identifiable information.

Individuals will answer a defined and limited set of questions to begin the process. They will be supported by navigation tools that provide additional information based on individual preferences or answers. The application will allow an individual to accept or decline screening for financial assistance, and tailor the rest of the eligibility and enrollment process accordingly. The same screening system will be available to help caseworkers/screeners/assistsors conduct the enrollment process.

The required verifications that will be necessary to validate the accuracy of information supplied by applicants will be managed in a standardized fashion, supported by a common, federally managed data services hub that will supply information regarding citizenship, immigration status, and federal tax information. Additionally, Rhode Island-specific electronic information sources, like the State Wage Database from the Department of Labor and Training and census information from the Department of Corrections, will also be used to conduct screening and clearances and, if necessary, to verify components of eligibility not addressed by the federal data hub. Many of these verifications will be done by gathering the data in advance, so that details such as income can be pre-populated into the application form for the user. The user will then be able to validate or correct the information.

Once the information is submitted, it will be stored in a case management system capable of providing customers information about their accounts and the ability to update their own information (change in circumstances). When individuals update their account information, the change will initiate a workflow to appropriately handle the change as needed (e.g., notification of caseworker, change in Advance Premium Tax Credit, notification of carrier, etc.).

Outside of the eligibility determination process, users will have the option to anonymously complete a short prescreening tool to assess whether they are likely to qualify for coverage, subsidies, or exemptions from the individual mandate. This tool is included because users are more likely to complete the application and enrollment process if they have a solid indication that they will secure assistance for coverage. Users who use the anonymous prescreening tool will be able to enter the eligibility determination process without having to re-enter information.

Tools for calculation of the Advance Premium Tax Credits will also be provided. Business rules will be supplied that will allow for resolution of most discrepancies through automation, including explanations of discrepancies for the consumer, opportunities to correct information or explain discrepancies, and hierarchies to deal with conflicts based on source of information and extent and impact of conflicts on eligibility. Individuals will attest to the accuracy of the information they supply, though additional documentation may be required.

The goal is to serve a high proportion of Rhode Islanders seeking health coverage and financial support using as much automation and electronic verification as possible. Even with this interactive, online business model, the demands for customer service and/or for caseworkers are expected to remain. Therefore, individuals will be able to access information and assistance online, and connect with a customer service representative or caseworker through online chat, email, texting, or by calling a toll-free customer service line.

In other cases, the online service may not be able to resolve discrepancies between information supplied by the applicant and that returned from third-party data sources. In these instances, it may take additional time for external sources to provide authoritative data. If conflicts still persist, it may require a caseworker to provide more in-depth assistance either in person or by phone. Such conflicts will need to be resolved in accordance with Rhode Island's policies for addressing such situations, which could include the submission and adjudication of paper documentation or relying on self-attestation unless there is evidence of fraud.

Some individuals may be uncomfortable with using an online system and will want to apply for assistance by phone, by mail, or in person. Our goal will be to both continually improve and refine the user experience in the online channel and ensure customer service or caseworker support is available as appropriate for complex cases and targeted customer needs. Whenever total automation cannot be accomplished, the technology platform will be set up to streamline the process for both the customers and the caseworkers as much as possible and provide the channels for application submission as required by federal law.

2.10 Assumptions and Constraints

2.10.1 Assumptions

The HIX/IES technology platform will be responsible for implementing federal and state-specific eligibility rules and verification procedures for Rhode Island's health and human services programs, as developed by Rhode Island policy makers.

Rhode Island will transition health and human services program information from InRhodes to the new technology platform. The migration will occur in phases.

There is no known existing identity management capability in Rhode Island that the technology platform will need to integrate.

All health and human services programs, including Rhode Island Works (TANF), SNAP, Child Care, WIC, LIHEAP, and General Public Assistance eligibility will eventually take advantage of the new human services case management system of the new technology platform. This transition will happen over several versions of the production system.

The technology platform will be the basis for the Exchange's infrastructure and will add to Medicaid's IT infrastructure.

The Exchange, EOHHS, DHS, and OHIC will identify technology directors to align the technical goals of the agencies.

The federal government will provide the federal data hub in a timely manner so that the HIX/IES technology Platform is able to integrate with the hub.

The Exchange, Medicaid, DHS, and OHIC will coordinate their functional and technical operations.

EOHHS, Exchange, DHS, and OHIC personnel (the UHIP Entities) will make necessary policy decisions and will be available for joint application design (JAD) session validation and other meetings.

Federal policy on Medicaid eligibility determinations based on MAGI and Advance Premium Tax Credit/cost-sharing reduction determinations will be released in a timely manner.

Rhode Island policy decisions on remaining non-MAGI programs will be made in a timely fashion.

The requirements listed in this document are a minimum set of requirements the IV&V vendor is expected to meet. As business processes, policies, and technology platform design progress, additional requirements may be necessary.

2.10.2 Constraints

Financial sustainability: As a small state, Rhode Island is challenged to create a financially sustainable infrastructure that is entirely self-funded post-2014.

Federally Imposed Deadlines: The project schedule must conform to federally imposed deadlines, which require states to implement the broad set of functionality necessary to stand up a fully-functional Exchange by October 1, 2013.

Phase 1 Program Integration: For phase 1, beginning in October 2013, the new eligibility rules engine will determine eligibility for MAGI-based eligibles only, including Medicaid and exchange subsidies. However, “complex” Medicaid eligibles (e.g., those requiring medical determination) will continue to be determined eligible through our existing eligibility system until phase 2 is complete. This approach has been established as an interim solution in order to meet the tight project timelines; however, integrating the new and old technology is a significant challenge of this project.

Critical supporting data links: The eligibility determination process is reliant on key data links from state and federal databases. These require both state and federal IT development efforts outside the scope of this project. Additional information is needed regarding the timeline and specifications for these projects.

Carrier readiness: The enrollment process is reliant on critical data links to carriers. Rhode Island must work with carriers to ensure that the necessary links are established in accordance with key project milestones.

Leadership and staff support: Significant work remains in identifying policy and business operations questions and in answering these questions. This work requires cross-departmental coordination and partnership where governance and staff relationships are in early development. Working through these questions in parallel with technology development is not optimal, but necessary under timelines.

3 Scope of Work

3.1 Procurement Objective

Through this RFP, Rhode Island is seeking a vendor who is innovative and flexible to provide IV&V services. The vendor will provide technical assistance and oversight on the work provided by an implementation vendor who will design, develop, and implement the HIX/IES. The IV&V vendor must assure the developed solutions are flexible enough to adapt to changing policies and business rules, interoperate with external systems, take advantage of modern technologies, utilize best practices, and provide a first-class user experience.

Bidders should review the UHIP implementation RFP (#7449637) along with its addenda. The UHIP implementation RFP contains crucial information concerning the implementation vendor's scope of work, to which the IV&V vendor will be tightly bound. The UHIP project's implementation RFP and other related documents are available in this RFP's Bidders Library.

In particular, Bidders should review and fully understand the UHIP timetable in Exhibit 1 of this RFP and the project milestones defined in the implementation RFP #7449637 Section 4.3.1 and 4.3.2.

In general, the project must follow agile software development principles and practices, including early and continuous delivery of error-free, fully tested software, regular collaboration between business subject matter experts and developers, and iterative functionality reviews to assure the State's business needs are met. However, the development process must also conform to federal requirements under the Exchange Life Cycle (ELC), support the State through the CMS Gate Review process, and meet all of the project milestones described in RFP #7449637 and summarized below.

The new Exchange and integrated eligibility system (HIX/IES) will be implemented in two phases: core Exchange functions and MAGI-based eligibility determination (Phase 1), which must be completed by October 1, 2013. Eligibility for non-MAGI-based Medicaid/CHIP and other human services programs, including the Supplemental Nutrition Assistance Program (SNAP), TANF, General Public Assistance, Child Care, and State Supplemental Payments for Supplemental Security Income (SSI) (Phase 2), which must be completed by December 31, 2015, to take advantage of enhanced federal funding.

The solution must incorporate an online portal for individuals and families to determine eligibility for health insurance coverage, financial assistance, and other programs. For Phase 1, the application must support eligibility determination and enrollment for MAGI-based programs, including Medicaid/CHIP and premium tax credits through the Exchange, as well as employer/employee eligibility and enrollment through the SHOP Exchange.

In Phase 2, the online portal function will determine eligibility for non-MAGI-based Medicaid programs and perform screening and eligibility for other human services programs. The solution also requires considerable interim integration with the existing eligibility system, InRhodes. The work will require substantial modifications to

accommodate temporary parallel operations of the legacy eligibility system and the IES, including the migration of data to the new IES system for Phases 1 and 2. Under direction of the State, the present legacy eligibility system vendor will implement the changes to InRhodes, with both the incoming Contractor and the current vendor responsible to collaborate on the temporary interfaces between the two systems.

The State requires the implementation vendor to co-locate with the State during the implementation of the HIX/IES system, by obtaining space in the Providence, RI, metropolitan area, for at least 25 State and State-associated personnel including IV&V vendor staff, with conference rooms with sufficient capacity to host meetings with both vendor and State personnel attendees.

3.2 General Information

Rhode Island is committed to working with our federal partners to implement a technology platform that is consistent with the ACA and HIPAA security standards. To date, the federal government has issued several pieces of relevant published guidance to help states navigate to 2015. Rhode Island is committed to making the HIX/IES a first-class consumer experience as called for by HHS. Rhode Island understands that guidance is an ongoing and iterative process and will be updated throughout the ACA implementation period and significantly informed by the Early Innovator Grantees.

Rhode Island's solution shall meet the following high-level technical requirements:

- The Contractor must assess and take appropriate actions to ensure that the architecture provides the underlying computing infrastructure (i.e. hardware, software, network, database management system) that enables and supports the Exchange, Medicaid, DHS, and other entities whose program activities make use of the technology platform.
- The Contractor must assess and take appropriate actions to ensure that the architecture design addresses the requirements of scalability, capacity, extensibility, adaptability, performance, availability, stability security, and flexibility per CCIIO Technical Guidance 1.0 and 2.0.
- The Contractor must assess and take appropriate actions to ensure that the usage and outcome of the following logical environments support the implementation and operating of the HIX/IES. 1) Development and Unit Test, 2) System and Integration Test, 3) User Acceptance Test, 4) Training, 5) Legacy Data Conversion, 6) Pre-production/Patch, and 7) Production. The environment servers are to be configured to support multiple logical environments.
- The Contractor must assess and take appropriate actions to ensure that the solution integrates "best of breed" commercial-off-the-shelf (COTS) products into its solution to meet the needs of the business functions (e.g. Business Rules Engine, Workflow, imaging, etc.). For purposes of the RFP, COTS solutions are those products that can be licensed and utilized by multiple industries, are commercially available from a third party, and provide a common solution throughout the application. Any deviation from this definition requires prior approval.

- The Contractor will assist in the efforts to attain the required federal certifications and accreditation of the HIX/IES system to be implemented.
- The Contractor will assist in providing the required artifacts and functionality to meet the CMS gate reviews.

The following overall guidelines apply to the UHIP project and must be utilized by the IV&V Contractor.

- The State shall retain and maintain ownership of third-party software products and custom-developed source code.
- The HIX/IES technology platform shall provide the capability for online, real-time querying that allows authorized users to filter data through user-defined parameters.
- The HIX/IES technology platform shall maximize automation and systems integration to decrease reliance on manual processes
- The HIX/IES technology platform IT architecture shall use an open Enterprise Service Bus (ESB) as the core coordination component of business services across the different applications as feature requirements dictate.

The Contractor must ensure the implementation vendor's solution meets the seven standards and conditions issued by CMS for Medicaid eligibility projects:

1. The use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats.
2. Alignment with MITA.
3. Alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.
4. Sharing, leverage, and reuse of Medicaid and Exchange technologies and systems within and among states.
5. Accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.
6. Production of transaction data, reports, and performance information that contributes to program evaluation, continuous improvement in business operations, and transparency and accountability.
7. Seamless coordination and integration between Medicaid and the Exchange (whether run by the state or federal government), and interoperability with health information

exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

In addition to these high-level technical requirements, the solution rolled out by the implementation vendor shall adhere to the detailed technical requirements listed below and in the implementation RFP 7449637.

The remainder of Section 3 describes the IV&V Services to be performed by the IV&V Contractor.

3.3 Organization and Communication

The State seeks an IV&V Contractor that will bring to the table innovative project personnel, processes, approaches and tools to provide IV&V Services for the UHIP Project as defined in this RFP document.

The IV&V Contractor will report directly to the UHIP Leadership Team, consisting of principals from the five participating state agencies. The IV&V Contractor's personnel must be organized in such a way to ensure the expectations of the Leadership Team are met and that the UHIP project staff is well informed.

All documentation and deliverables produced in the performance of the IV&V Services must be made available in a shared document repository to be designated by the Leadership Team.

The individual activities within the scope of the IV&V Services, and the deliverables which will result from these activities, are described below.

3.4 IV&V Tasks

The IV&V Services described in this RFP must comply with IV&V regulatory requirements detailed in 45 CFR 95.626 which requires that IV&V efforts be conducted by an entity that is independent and that:

1. Develops a project workplan to cover all verification and validation activities. The plan must be provided directly to CMS at the same time it is given to the State.
2. Reviews and makes recommendations on both the management of the project, both State and vendor, and the technical aspects of the project. The IV&V provider must give the results of its analysis directly to the federal agencies that required the IV&V at the same time it reports to the State.
3. Consults with all stakeholders to assess user involvement and buy-in regarding system functionality and the system's ability to support program business needs.
4. Conducts an analysis of past project performance sufficient to identify and make recommendations for improvement.
5. Provides risk management assessments, communicate IV&V-related risks to the State and project contractors, and work with all parties to ensure that these risks and issues have been reflected in the overall project schedule and priorities.
6. Provides capacity planning services.

7. Evaluates recovery plans including backup, disaster recovery, and day-to-day operations to verify thoroughness of the plans and that processes are being followed.
8. Develops performance metrics that allow tracking project completion against milestones set by the State.

The IV&V Contractor's work must complement the Implementation vendor's efforts. The following sections of RFP #7449637 describe the aspects of the implementation vendor's scope of work that are relevant to potential IV&V contractors: § 1.3.5, p. 7, § 1.4, p. 8, § 3.2.10, p. 29, § 4.1.4, pp. 36-37, the entirety of § 4.1.7, p. 38, and the milestones of § 4.3.1 and § 4.3.2.

In compliance with IV&V regulatory requirements and to meet the goals of the UHIP Project, the IV&V Contractor shall complete the following tasks:

1. Manage the IV&V Services
2. Quality Control for all UHIP Project Deliverables
3. Validate automated code review results
4. Validate continuous integration test results
5. Coordinate and oversee User Acceptance Testing ("UAT")
6. Verify implementation readiness
7. Verify component reusability
8. Perform a system audit
9. Perform financial reviews
10. Conclude the IV&V Services

3.4.1 Manage the IV&V Services

The IV&V Contractor shall develop a comprehensive project management plan (the "IV&V Services Project Management Plan"), and shall manage and carry-out the IV&V Services in accordance with the IV&V Services Project Management Plan. The IV&V Services Project Management Plan must include at a minimum the following elements:

1. Description of how the IV&V Contractor plans to carry out the IV&V Services to meet all verification and validation activities. This description should include methodologies, strategies, standards, and approaches employed by the IV&V Contractor for executing each of the IV&V activities within this Scope of Work of this RFP.
2. High level IV&V Services schedule which aligns with the UHIP Project Timeline.
3. Detailed schedule that includes activities, tasks, estimated start and end dates, durations, deliverables, and assigned resources to illustrate how IV&V Services will be achieved.

4. Organizational structure that reflects, among other things, the need to coordinate activities among the IV&V Contractor, the HIX/IES Implementation Contractor, and the UHIP project Entities.
5. Description of resources assigned to activities, tasks and the IV&V deliverable creation.
6. Description of the deliverables produced as a result of IV&V activities.

3.4.2 Quality Control for all UHIP Project Deliverables

1. The IV&V Contractor shall review all UHIP Project Deliverables in accordance with the deliverable review process defined in the HIX/IES implementation RFP, as may be updated by the State. The IV&V Contractor's UHIP Project Deliverable review activities include, without limitation, the following:
 - a. Review and assessment of deliverable outlines and sample deliverables submitted by the UHIP implementation Contractor to determine whether the outline and sample deliverables meet the requirements of the UHIP project Entities.
 - b. Development of acceptance criteria tailored to each UHIP Project Deliverable which (i) clearly delineates the criteria that must be satisfied for the UHIP Project Deliverable to be deemed complete, and (ii) are consistent with the UHIP project implementation Contractor's Task Orders and other UHIP Project requirements and specifications.
 - c. Development of a checklist for each UHIP Project Deliverable review, including the acceptance criteria applicable to the UHIP Project Deliverable.
 - d. Review and assessment of all UHIP Project Deliverables submitted by the HIX/IES Implementation Contractor, and reporting of findings and associated recommendations for remediation where applicable. When possible, in addition to the final review, review and comment on draft deliverables in advance of the final submission to proactively identify any necessary revisions.
 - e. Identification and summarization of issues and all other results of the UHIP Project Deliverable review.
 - f. Review and assessment all subsequent UHIP Project Deliverable iterations to validate remedial actions taken by the HIX/IES Implementation Contractor to assess if recommendations have been incorporated satisfactorily.
 - g. Tracking of identified issues and progress toward resolution of issues related to UHIP Project Deliverables.
 - h. Assess the software code and architecture to ensure accordance with fundamental software design principles.
 - i. Assure sufficient documentation exists to allow software maintenance over the long-term.

- j. Evaluate the implementation Vendor's training plans to assure the required knowledge transfer occurs not only at rollout, but will be repeatable during the Operations and Maintenance phase.
 - k. Support of the approval process for each UHIP Project Deliverable.
2. The IV&V Contractor shall conduct an analysis of past project performance sufficient to identify and make recommendations for improvement. Additionally, the IV&V Contractor shall facilitate UHIP Project compliance with the project timetable composed of milestones and deliverables, and the release schedule as proposed by the implementation vendor.
 3. The IV&V Contractor will assess the implementation vendor's Quality Control Plan and Quality Assurance Surveillance Plan (QASP) defined in the implementation RFP 7449637 § 4.1.4.
 4. The IV&V Contractor will assess UHIP Project Deliverables on defined quality attributes, including but not limited to:
 - a. **Adherence to Requirements** – Does the UHIP Project Deliverable satisfy specified requirements?
 - b. **Clarity** – For written UHIP Project Deliverables, does the UHIP Project Deliverable clearly state its meaning and minimize the possibility of misinterpretation?
 - c. **Completeness** – Does the UHIP Project Deliverable fulfill applicable requirements, with no tasks left incomplete? Is anything missing?
 - d. **Consistency** – Are the requirements contained in the UHIP Project Deliverable consistent both within a given UHIP Project Deliverable and across all UHIP Project Deliverables?
 - e. **Traceability** – For each UHIP Project Deliverable, are all applicable requirements traceable through each phase of the software development life cycle?
 - f. **Adherence to Laws, Rules and Guidelines** – Does the UHIP Project Deliverable satisfy all applicable guidelines, standards, instruction, and policies issued by project managers as well as state and federal agencies?
 5. In the course of assessing the quality control for UHIP deliverables, the IV&V vendor shall assess the UHIP implementation vendor's project management, resources, processes, and internal controls are sufficient to meet the quality attributes described above for each deliverable.

3.4.3 Validate Code Review Results

The HIX/IES Implementation Contractor will be responsible for conducting automated code tests and manual code tests where appropriate. The IV&V Contractor shall:

1. Review and assess the Code Review component of the HIX/IES Implementation Contractor's test plan.

2. Review and assess the results of Code Review activities.
3. Report issues and findings, and recommend practical and feasible solutions.
4. Track issues and findings to completion by reviewing and assessing subsequent releases.

3.4.4 Validate Continuous Integration Results

The IV&V Contractor shall:

1. Review the continuous integration test plan for comprehensiveness, completeness, and traceability.
 - a. Verify that integration tests address all system components and all functional and non-functional requirements, and that they do not simply repeat unit tests.
 - b. Verify that test cases are properly mapped, through a traceability matrix, to requirements, use cases, and other Artifacts.
2. Verify timelines and tests for all releases.
 - a. Verify test plans for all releases so that test plans include both integration and regression tests.
3. Review and assess results from continuous integration test activities.
 - a. Assess each system component's integration test results against the testing exit criteria, and summarize the test results for each component.
4. Report issues and findings, and recommend practical and feasible mitigating solutions.
5. Track issues and findings to completion by reviewing and assessing subsequent releases.
6. Verify the HIX/IES system integration utilizes sound software engineering principles.

3.4.5 Coordinate and Oversee User Acceptance Testing

At a minimum, the IV&V Contractor shall oversee UAT functionality for all milestones as described in the UHIP implementation RFP.

The purpose of UAT is to provide the users of a system the opportunity to validate that the delivered software components behave according to stated requirements and to assess the readiness of the software for go-live. The IV&V Contractor shall coordinate and oversee all User Acceptance Testing tasks and activities including, but not limited to, the tasks described below.

The IV&V Contractor shall plan for, oversee, and provide follow-up activities for the UAT of the HIX/IES system until the UAT meets its stated exit criterion. Representatives from the UHIP Entities will provide subject matter expertise, review and approve the IV&V Contractor's UAT testing deliverables, and review system readiness for go-live. While representatives from the State may also be available to

participate in UAT, the IV&V contractor has responsibility to provide oversight and implementation contractor is responsible for conducting the testing.

3.4.5.1 Develop UAT Strategy and Plan

In consultation with the implementation vendor, the IV&V Contractor shall develop a UAT plan that describes at a minimum the approach, timing, and activities involved in coordinating and conducting User Acceptance Testing. The UAT plan should also describe the recommended depth and breadth of coverage from a functional perspective that needs to be exercised during UAT testing. The IV&V Contractor's UAT plan shall describe at a minimum:

1. Critical factors for a successful UAT process and description for how the factors will be measured. The assessment of critical factor results will determine if UAT was a success and serve as UAT exit criteria.
2. Testing metrics and success criteria for each phase or iteration of UAT.
3. Project risks and how those risks will be addressed by the UAT task.
4. Critical business workflows and how those workflows will be tested.
5. All possible points of failure and how those points of failure will be tested.
6. Traceability of UAT tests to requirements.
7. Proposal of the most appropriate points in time during the UHIP Project life cycle at which executing UAT testing should be conducted.
8. Detailed UAT schedule based on the overall UHIP Project plan and milestone dates.
9. Proposal of UAT team composition covering technical and business knowledge areas to maximize the reliability of test outcomes.
10. Validate that the UAT test environment delivered by the HIX/IES Implementation Contractor satisfies all requirements in terms of features, characteristics, connectivity and processing to facilitate successful UAT.
11. A test data management process that describes the identification, creation, and maintenance of test data required to facilitate successful UAT.
12. Techniques to familiarize the UAT test team as early as possible with the system in preparation for UAT test activities. Techniques – such as requirement walkthrough sessions, blueprint and/or wireframe review sessions, screen preview sessions, system demo sessions, etc. – must be considered.
13. Test techniques and/or test methods that will be used during UAT testing.
14. Test scenarios that will be used during UAT testing.
15. Approach for documenting UAT test scripts prior to UAT test execution.
16. Coordination plan with the implementation vendor to ensure the HIX/IES meets the recommended depth and breadth of functional coverage.

3.4.5.2 Oversee UAT

1. The IV&V contractor will oversee the implementation vendor's work in conducting and recording the results of UAT.
2. The IV&V contractor will oversee the implementation vendor's work in identifying, logging, and prioritizing defects found during UAT.
3. The IV&V contractor will oversee the implementation vendor's work in recording UAT results, including but not limited to:
 - Number and percentage of test cases executed and not executed;
 - Number and percentage of test cases passed and failed by functional area.

3.4.5.3 Follow-Up on UAT

1. Track UAT defects to closure.
2. Assess the success of UAT based on identified exit criteria.

3.4.6 Verify Implementation Readiness

The IV&V Contractor shall develop an approach for assessing the readiness of the HIX/IES system to support the two major implementation phases. The IV&V Contractor shall:

1. Define a set of robust and comprehensive criteria to assess implementation readiness for the two implementation milestones:
 - Soft Launch and Pilot Activities for Phases 1 and 2
 - Open Enrollment Launch
2. Assess implementation readiness based on the identified criteria
3. Report issues and findings and recommend practical and feasible solutions.
4. Track issues and findings to completion.

3.4.7 Verify Component Reusability

Rhode Island aims to create a HIX/IES that complies with provisions of the ACA. The State is committed to supporting the development of cost-effective and reusable technology components, intellectual property, and best practices for implementing an HIX/IES. Further, the State desires to leverage and re-use appropriate components from other states and the Federal Facilitated Exchange (FFE). In addition, the State also wishes to have the capability to reuse relevant HIX/IES components with other Rhode Island state applications.

The extent to which information technology components can be shared and re-used is guided by three tiers of reusability. The lowest tier represents the lowest level of re-usability, whereas the highest tier represents the highest level of re-usability. The tiers and their definitions are as follows:

- Tier 1 - Reusability of HIX/IES documentation, processes, and knowledge – and the documentation, processes, and knowledge provided by other states and the FFE.
- Tier 2 - Reusability of HIX/IES components independently hosted and procured by other states – and the reusability of components provided by other states and the FFE.
- Tier 3 - Reusability of HIX/IES components shared and leveraged from common infrastructure.

The IV&V Contractor shall verify and validate the reusability of proposed components, and the verification should assess whether the components are reusable and at what tier. The Contractor shall assess the reusability of the HIX/IES components for Rhode Island state applications in the same manner as specified for the ACA.

1. Component Reusability

The IV&V Contractor shall develop the following assessments of reusability for each component:

- Expected Reusability:* An initial assessment of the components that have reusability potential and the reusability level that can be expected.
- Delivered Reusability:* An assessment of the components as documented and developed and the actual reusability level achieved. Compare the result to the component's expected reusability.

To illustrate, the IV&V Contractor will assess the detailed design of the Business Rules Engine to determine which modules can be expected to be reused within Rhode Island or by other states. The assessment will include the level of reusability for each module. For instance, the assessment would evaluate the MAGI calculations module and if that module is expected to have Tier 1, 2, or 3 reusability. Once the MAGI calculations module is developed, an assessment as to its actual – or delivered – reusability will be performed by the IV&V Contractor.

2. Services Reusability

The IV&V Contractor will assess services to evaluate the level to which services are business agnostic and stateless to support successful deployment of services such as:

- SaaS: Software as a Service (e.g. Address Validation or HIPAA translator)
- PaaS: Platform as a Service (e.g. Portal, Middleware, Database)
- IaaS: Infrastructure as a Service (e.g. Shared Data Center, Virtual Machines)

3. Framework Reusability

The IV&V Contractor will assess the HIX/IES framework to evaluate the level to which the framework:

- Is based on Service Oriented Architecture

- b) Is developed using Federal, State, and industry best practices
- c) Employs a Cloud First approach
- d) Follows Federal and CMS security and privacy guidelines
- e) Is based on Exchange Reference Architecture
- f) Follows ACA Section 1561 recommendations

3.4.8 Perform a System Audit

1. The IV&V Contractor shall:
 - a) Develop a plan to perform a system audit and specify, among other things, the dimensions which will be addressed in the system audit and the criteria applied to each dimension.
 - b) Perform the system audit
 - c) Report results of the system audit and recommend practical and feasible solutions.
 - d) Track issues and findings to completion.
2. Through the system audit, the IV&V Contractor must evaluate the system along various dimensions, including but not limited to:
 - a) *System Effectiveness*: Verify that information is pertinent to the appropriate business process and is delivered in a timely, correct, consistent and usable manner.
 - b) *System Efficiency*: Verify that the system provides information through the most optimal use of resources.
 - c) *Confidentiality*: Verify that the appropriate controls are in place to ensure compliance with the full range of security and privacy requirements in order to protect sensitive information from unauthorized use and disclosure.
 - i. Sensitive information protected by privacy and security requirements includes but is not limited to:
 - PII – Personal Identifiable Information
 - PHI – Protected Health Information
 - FTI – Federal Tax Information
 - ii. Appropriate controls include but are not limited to:
 - Intrusion prevention/detection
 - Vulnerability and penetration prevention/detection
 - Network hardening
 - Identity management
 - Physical access to facilities

- Logical access to data and processes
 - Monitoring of system activity, logging of incidents, and action plans to prevent and/or address identified incidents
- d) *Integrity*: Verifying that information is accurate and complete in accordance with business requirements and expectations.
 - e) *Availability*: Verifying that information will be available when required by the business in the short and long term, and verifying that resources and capabilities are appropriately safeguarded.
 - f) *Compliance*: Verifying that the system is in compliance with all laws and regulations to which the business processes are subjected. In particular, the audit should cover the following.
 - i. Periodically assess the HIX/IES system's adherence to the Rhode Island State Self-Assessment performed under MITA 2.
 - ii. Evaluate how well the HIX/IES system conforms to MITA 3.
 - iii. Evaluate how well the HIX/IES system conforms to the CMS Seven Standards and Conditions.
 - g) *Reliability*: Verifying that the system's users have access to the information they need to carry out their responsibilities including meeting financial and compliance reporting responsibilities.
3. When performing the above mentioned activities, the IV&V Contractor's system audit must address several resources, including but not limited to:
 - a) Data: Objects in their widest sense – structured, non-structured, graphics, sound, and more.
 - b) Application Systems: The sum of manual and programmed procedures.
 - c) Technology: Hardware, operating systems, database management systems, networking, multimedia, and the like.
 - d) Facilities: All the resources that house and support the information system.
 - e) People: Staff skills, awareness, productivity to plan, organize, acquire, deliver, support and monitor information systems and services.

3.4.9 Perform Financial Reviews

The IV&V Contractor will perform financial reviews to assess various elements of the UHIP Project:

1. Assess the financial measurement baseline for the project and define how it will be tracked, define reporting for the financial health of the project, and the invoicing requirements and timelines for the project.
2. Review invoices submitted by the HIX/IES Implementation Contractor and determine if the terms of their submission have been met. Note that invoices will be submitted at different times and based on different terms, including:

- a) when UHIP Project milestones are completed;
 - b) under other terms – for example, invoicing for services performed under Task Order 9 of RFP #7449637.
3. Assess on a monthly basis the percent completion of the UHIP Project in comparison to the percent of the amount paid to the HIX/IES Implementation Contractor. Develop a tracking system for this monthly assessment.
 4. Review Anticipated Charge Requests (“ACR”) submitted by the HIX/IES Implementation Contractor and assess the financial, schedule, and scope impact to the UHIP Project.
 5. Review the approach to, and implementation of, cost allocations across the UHIP Project’s various funding sources.
 6. Assess the implementation and long-term operational costs related to hardware, software, hosting, and other decisions which affect the total cost of ownership of the HIX/IES system.
 7. Establishment Review and Medicaid IT Review Reports – The IV&V Contractor shall also develop key financial artifacts needed to support the Establishment Review and Medicaid IT Review process.

3.4.10 Conclude IV&V Services

The IV&V Contractor’s end-of-project activities include but are not limited to the following:

1. Organize all IV&V information to make it useful for staff that operate and maintain the HIX/IES system.
2. Confirm that all UHIP Project Deliverables and all IV&V Project Deliverables are up to date and finalized.
3. Prepare an archive of all documents related to IV&V activities.
4. Prepare a final report that summarizes expectations, opportunities, and challenges related to the new HIX/IES system.
5. Coordinate end-of-project activities with the HIX/IES Implementation Contractor and UHIP Entities for a transition to stable system operation and maintenance.

3.5 IV&V Project Deliverables

The following section describes the major IV&V Project Deliverables expected from the IV&V Contractor for the tasks described in the previous section. Upon the State’s request, IV&V Contractor shall consolidate certain IV&V Project Deliverable reports into one or more reports.

The IV&V Contractor shall provide the following IV&V Project Deliverables:

3.5.1 Manage the IV&V Responsibilities.

1. IV&V Services Project Management Plan

The IV&V Services Project Management Plan as described in detail in Section 3.3.1, Manage the IV&V Services.

2. IV&V Monthly Review and Assessment Report

The IV&V Contractor shall provide a Monthly Review and Assessment Reports which describes key information in the IV&V tasks for which work was performed in such month and plans for the upcoming month. Key information includes, but is not limited to, activities performed, key or critical results, findings or issues identified as a result of the activities performed, IV&V Deliverables approved during such month, and an updated IV&V Services Project Management Plan with details of activities expected to be performed in the upcoming month.

3. Leadership Team Briefings

Leadership Team briefings shall be formal presentations by the IV&V Contractor to the Leadership Team to illustrate and discuss Monthly Review and Assessment Reports. Briefings shall occur no less than five (5) business days after the issuance of the reports in final form. The IV&V Contractor may also be expected to brief state personnel who have day-to-day project responsibilities.

4. IV&V Weekly Status Reports

Status reports shall be generated on a weekly basis for the duration of the Contract and shall describe the ongoing status and progress of IV&V tasks, deliverables and issues.

5. Issue Tracking and Reporting Plan

All HIX/IES issues identified during the IV&V Services must be reported, tracked, and resolved according to defined procedures and methods. The IV&V Contractor shall develop an issue-tracking plan that outlines these elements:

- a) Reporting methods
- b) Issue tracking tool or tools, using the issue severity guidelines documented in Implementation RFP 7449637 Addendum 4, Section 18.4.2.
- c) Issue resolution procedures

6. IV&V Dashboard

The IV&V Contractor shall provide a tool, such as a dashboard, that presents all UHIP Project Deliverables, IV&V Project Deliverables, Financial Metrics Update and their respective statuses. The dashboard should also present issues identified across the various tasks as well as the recommendations for resolution, the resolution itself, and the status of the issue. The tool shall permit the UHIP project management team to monitor progress toward resolution of issues and implementation of related recommendations.

3.5.2 Review all UHIP Project Deliverables

1. UHIP Project Deliverable Review Reports

The IV&V Contractor shall produce a report for each iteration of the UHIP Project Deliverable submitted by the HIX/IES implementation Contractor. Deliverable Review Reports shall list all defects, shortcomings, issues, and problems the IV&V Contractor finds in the UHIP Project Deliverables, as well as recommended corrective actions. Reports shall be saved in the project document sharing repository provided by the implementation vendor.

2. UHIP Project Deliverable Acceptance Criteria

The IV&V Contractor shall produce a list of acceptance criteria, as approved by the UHIP Entities that must be satisfied in order for a UHIP Project Deliverable to be deemed complete.

3. UHIP Project Deliverable Review Checklists

The IV&V Contractor shall produce a list which includes the set of reviews that must be executed for all UHIP Project Deliverables, to ensure UHIP Project Deliverables are assessed consistently and completely.

4. UHIP Project Deliverable Outline Report

The IV&V Contractor shall produce a report that summarizes all the UHIP Project Deliverable outlines submitted for approval to the UHIP Entities.

3.5.3 Validate Code Review Results

1. Automated and Manual Code Review Reports

The IV&V Contractor shall develop Automated and Manual Code Review Reports to communicate Code Review results.

3.5.4 Validate Continuous Integration Review Reports

1. Continuous Integration Review Reports

The IV&V Contractor shall develop appropriate reporting mechanisms to communicate continuous integration review results.

3.5.5 Coordinate and Oversee User Acceptance Testing

1. UAT Strategy and Plan

In communication with the implementation vendor, the IV&V Contractor shall develop a UAT Strategy and Plan which describes at a minimum the approach, timing, and activities involved in coordinating and conducting UAT. The plan should describe the recommended depth and breadth of coverage from a functional perspective that needs to be exercised during UAT testing, including a practical and verifiable way to ensure the implementation vendor conducts the UAT tests in accordance with the UAT Strategy and Plan.

2. UAT Procedures Guide

In communication with the implementation vendor, the IV&V Contractor shall develop a UAT Procedures Guide to distribute to UAT team members as a reference manual. The UAT Procedures Guide shall include at a minimum:

- a) Descriptions of the goals and objectives of UAT
- b) Descriptions of the roles and responsibilities of the UAT team
- c) Descriptions of test techniques that will be used during UAT testing
- d) Descriptions of test methods that will be used during UAT testing
- e) Sample test scenarios
- f) Sample test cases
- g) Guidelines on how to identify test conditions
- h) Templates for test Artifacts such as test case templates, test script templates etc.
- i) Guideline on how to document UAT test scripts based on test cases so that UAT participants have a clear understanding of the execution and documentation of test results

3. UAT Reports

The IV&V Contractor shall propose and develop appropriate reporting vehicles to communicate UAT testing progress and results. Reporting shall include but is not limited to:

- a) Executive summaries to communicate UAT progress and UAT results.
- b) Detailed reports to communicate UAT progress and UAT results.
- c) Actual UAT tests performed and the results.

The IV&V Contractor shall use appropriate industry standard metrics to communicate UAT results in graphical and tabular format.

3.5.6 Verify Implementation Readiness

1. Implementation Readiness Criteria

The IV&V Contractor shall develop a set of robust and comprehensive criteria that must be satisfied in order to deem a deliverable to be ready for implementation.

2. Implementation Readiness Reports

The IV&V Contractor shall develop Implementation Readiness Reports to assess the readiness of the system for its implementation milestones.

3.5.7 Verify Component Reusability

1. Reusability Reports

The IV&V Contractor shall develop reusability reports to communicate its assessments of HIX/IES component reusability and re-use of components from other states and the FFE.

- a) An initial assessment and plan for the reusability that can be expected. This initial assessment and plan should minimally be provided for each of the releases.
- b) An assessment of delivered reusability. This assessment should minimally be provided for each of the releases.

3.5.8 Perform a System Audit

1. System Audit Dimensions and Resources

The IV&V Contractor shall develop a comprehensive description of all aspects of the system audited, the criteria applied in the system audit as defined in Section 3.3.8 and the resources targeted by the system audit.

2. System Audit Report

The IV&V Contractor shall develop a System Audit Report to communicate the results of the system audit.

3.5.9 Perform Financial Reviews

1. Cost Allocation Plan/Methodology

The IV&V Contractor shall review and make suggestions for the Cost Allocation Plan/Methodology artifact. This is an Establishment Review artifact which describes the plan and approach to allocating system costs appropriately between Exchanges, Medicaid, CHIP, and the DHS human service programs.

2. Financial Integrity Plan

The IV&V Contractor shall develop the Financial Integrity Plan. This is an Establishment Review artifact which documents the financial measurement baseline for the entire project and defines how it will be tracked. The artifact will also define reporting for the financial health of the project, and the invoicing requirements and timelines for the project.

3. Financial Status Reports

The IV&V Contractor shall develop regular Financial Status Reports. The Financial Status Report is an Establishment Review artifact produced on a periodic basis to report investment consumption.

4. Financial Review Reports

In conjunction with the State, the IV&V Contractor shall develop Financial Review Reports to communicate the results of its ongoing financial analysis. The IV&V contractor shall also develop ad hoc reports on the financial impact of key decisions and change orders.

3.5.10 Conclude IV&V Services

1. IV&V Final Report

The IV&V Contractor shall develop a Final Report at the conclusion of the IV&V Services.

2. Archive of All IV&V Documents

The IV&V Contractor shall develop and organize an all-inclusive library of Artifacts created by the IV&V Contractor during the term of the IV&V Contract to be delivered to the State at the end of the Contract.

3.6 General IV&V Requirements

3.6.1 IV&V Deliverable Review Process

All IV&V Deliverables shall be reviewed by the State, and the decision to unconditionally accept or reject any deliverable shall be communicated in writing to the IV&V Contractor by the State. Once a deliverable is unconditionally accepted, and final approval is communicated by the State in accordance with procedures set forth below, the Contract deliverables will be deemed accepted or completed.

The deliverable review and acceptance process will include, without limitation, the following elements:

1. The IV&V Contractor will submit a deliverable outline and a sample deliverable prior to initiating the development of the deliverable. The deliverable outline will serve as the deliverable specifications and shall include at a minimum a detailed table of contents. The sample deliverable should be a deliverable produced for a project of similar size and complexity as the HIX/IES. The deliverable outline and sample deliverable shall be delivered to the UHIP Project Coordinator or his/her designee.
2. The UHIP project team shall review the deliverable outline and sample deliverable and identify changes to the table of contents.
3. As soon as possible, but in no event later than ten (10) business days after receipt of a deliverable outline and sample deliverable, the UHIP Project Coordinator, or his/her designee shall give written notice to the IV&V Contractor Project Manager of the acceptance or rejection of the deliverable outline and sample deliverable.
4. As soon as possible, but in no event later than seven (7) business days after receipt of a notice of rejection of the deliverable outline and sample deliverable, the IV&V Contractor shall make the specified corrections and deliver an updated version of the deliverable to the UHIP Project Coordinator, or his/her designee.
5. The IV&V Contractor shall submit deliverables to the UHIP Project Coordinator, or his/her designee. To the extent there are multiple deliverables submitted at the same time, the State and IV&V Contractor will cooperate in good faith to adjust the seven (7) business day review schedule as necessary. Additionally, upon submission of each deliverable, the IV&V Contractor shall schedule a meeting with the UHIP Entities to “walk through” and explain the structure and content of the deliverable and collect immediate feedback.
6. The State shall review each deliverable and evaluate whether the deliverable has clearly met in all material respects the criteria established in the Contract, individual

tasks, the deliverable specifications, and any other requirements mutually agreed upon in writing by the State and the IV&V Contractor. As soon as possible, but in no event later than ten (10) business days after receipt of a completed deliverable, the UHIP Project Coordinator, or his/her designee, shall give written notice to the IV&V Contractor Project Manager of acceptance or rejection of the deliverable. If the deliverable is rejected, the written notice shall also include a description of the nature and extent of the defects required to qualify the deliverable for acceptance.

7. The IV&V Contractor will act diligently to correct the specified defects and deliver an updated version of the deliverable to the UHIP Project Coordinator, or his/her designee, no event later than seven (7) business days after receipt of a notice of rejection of a deliverable.

8. The State will review and evaluate the updated deliverable. As soon as possible, but in no event later than seven (7) business days after resubmission of any rejected deliverable, the UHIP Project Coordinator, or his/her designee, shall give written notice to the IV&V Contractor Project Manager of the status of the resubmission. A rejection of a resubmitted deliverable will include a description of the way in which the updated deliverable fails to correct the previously reported deficiency.

9. When a deliverable is accepted, the UHIP Project Coordinator will sign a form indicating acceptance, and the IV&V Contractor will acknowledge receipt of the acceptance form in writing.

10. In the event the State accepts a deliverable that requires additional work to be entirely compliant with the pertinent specifications and until the next deliverable remedying such noncompliance, the IV&V Contractor will provide a prompt correction or workaround.

11. By submitting a deliverable, the IV&V Contractor covenants that it has performed the associated tasks in a manner that will, in concert with other tasks, meet the objectives specified in the Contract. By approving a deliverable, the State represents only that the project team members have reviewed the deliverable and detected no errors or omissions of sufficient gravity to defeat or substantially threaten the attainment of those objectives and unless otherwise agreed in writing by the State and IV&V Contractor, to warrant the withholding or denial of payment for the work completed. The State approval of a deliverable does not discharge any of the IV&V Contractor's contractual obligations with respect to that deliverable, or to the quality, comprehensiveness, functionality, effectiveness, or certification of the HIX/IES system as a whole

12. Note that whenever the due date for any deliverable, or the final day on which an act is permitted or required by the Contract to be performed by either party, fall(s) on a day other than a business day, such date shall be the first business day following such day. Unless otherwise specified, the time for performance shall be prior to 3:00 p.m. Eastern Standard Time.

3.6.2 Key Personnel Requirements

The IV&V Contractor shall identify dedicated individuals who possess both a deep and a broad understanding of ACA, especially the health insurance exchange component of the law. The IV&V Contractor shall also understand the vision of the UHIP Project, the technologies used to build and operate it, and the desire to build reusable components for other state Exchanges and re-use components from other Exchanges. Finally, the IV&V Contractor shall also understand what it means to independently verify and validate systems of this scale, importance, and complexity. The State has determined that the following IV&V Contractor personnel qualify as “Key Personnel” and as such, are listed within Appendix J:

- Project Manager
- Contract Manager
- Quality Assurance Manager
- UAT Manager
- Lead UAT Analyst
- Senior Systems Analyst
- Financial Analyst

The IV&V Contractor shall designate, as part of its Key Personnel, a Contract Manager who shall be the primary contact for all matters related to this Contract. This Contract Manager will have signatory and decision making authority for the IV&V Contractor with respect to project management, ensure that the IV&V Contractor adheres to timelines, methodologies, consumer expectations, and any other contractual requirements, and will maintain a leadership role capable of understanding the scope of the project(s) in all aspects.

1. The IV&V Contractor shall identify the most qualified individuals to serve in the Key Personnel roles and must notify the State within thirty (30) days of any personnel changes. Desired qualifications and experiences for key personnel include the following:
 - a) Extensive multi-project experience in the types of activities for which each individual is proposed with experience in the approach and methodologies used by the IV&V Contractor;
 - b) Seasoned, demonstrable, extensive experience in large-scale software delivery in a number of state government or commercial health insurer environments. Federally funded human services systems experience is preferred;
 - c) Demonstrable experience performing IV&V activities on large-scale application software projects in a number of state government or commercial health insurer environments. Federally funded human services systems experience is preferred;
 - d) Experience with Systems Development Lifecycle (“SDLC”) and the approach and methodologies used by the IV&V Contractor; and

- e) Medicaid and relevant human service program eligibility experience, as well as experience with commercial health insurer environments.
2. The IV&V Contractor shall work with the State to effectively manage the Contract as follows:
 - a) The IV&V Contractor shall provide for the State's review and approval a detailed job description for each Key Personnel position to be performed as part of this Contract.
 - b) The IV&V Contractor shall provide access for the State to review, interview and give final approval of participation of all new Key Personnel proposed for the Contract.
 - c) Whenever changes to Key Personnel, subcontractors, and/or partners occur, the IV&V Contractor shall submit, for the review and prior approval of the State, the names of any partners or subcontractors, their principals, and copies of such contracts that the IV&V Contractor has newly acquired for the purposes of performing this Contract.
 3. The IV&V team should be comprised of individuals who have the following skill sets in Verification Services.
 - a) Significant experience with industry-standard and best practices regarding quality, quality assurance and quality control principles and techniques;
 - b) Expertise with automated test tools and their most effective use within large-scale development, package-acquisition, and integration projects;
 - c) Appropriate experience with the specified relational database, mainframe, client/server, call center, data capture and web portal technologies in use on this project; and
 - d) Experience in healthcare related concepts, configuration and management, with Medicaid and relevant human service experience a plus.
 4. The IV&V team should be comprised of individuals who have the following skill sets in Validation Services.
 - a) Extensive experience in providing IV&V user services, preferably in the Medicaid, human service, or healthcare industry;
 - b) Specific experience in supporting and directing User Acceptance Test (UAT) efforts;
 - c) Proficiency in integrating Training activities within a broader view of the validation effort;
 - d) Expertise in high volume health claims processing and related business functions;
 - e) Extensive experience in procurement, installation, evaluation, operations and maintenance of Medicaid, similar large health care claims processing, or large-scale insurance-based systems;

- f) Broad experience with technical writing;
- g) Specific experience in healthcare related concepts, configuration and management; and
- h) Experience with the CMS review and certification process.

3.6.3 Key Personnel at Project Site/Facility

Space will be provided for the required IV&V Contractor staff by the implementation vendor, where the UHIP project team will be based during the Contract period.

The State will provide network and e-mail accounts to IV&V Contractor staff in need of such, but the IV&V Contractor shall be responsible for providing its staff with any tools deemed necessary to complete the project, including but not limited to remote access to Rhode Island network, laptop computers, necessary software, copiers, printers, office supplies, and administrative support.

3.6.4 Reporting Requirements

Some of the UHIP Project Deliverables and IV&V Project Deliverables are subject to reporting and audit as required by funding sources. The IV&V Contractor shall assist the State in meeting such requirements as directed by the State.

3.7 Optional Services

The State may require the IV&V vendor to provide the State with additional services, as needed. Optional Tasks are an option and may or may not be exercised, depending on currently undefined HIX/IES needs that may arise during Phases 1 and 2. The total dollar amount of optional tasks will not exceed 10% of the total contract costs for the RFP. Additional work will utilize the hourly rate(s) specified in the Cost Proposal Appendix K.

Though the description of work cannot be predicted, additional services may include the following elements of work:

- Provide IV&V services to assure the State meets future business and technological needs, so the IES is able to accommodate future eligibility determinations for Medicaid or non-Medicaid human service programs.
- Assure that recommendations, decisions, and implementations of any Innovator-state eligibility-related component have the flexibility to be configured to accommodate future eligibility determinations for Medicaid and non-Medicaid human service programs.

3.8 Project Management Approach

This section sets forth the project management approach that the Contractor must follow in providing the comprehensive IV&V required for the project.

3.8.1 Management and Reporting

IV&V management activities include, but are not limited to: IV&V project planning, IV&V resource management, quality assurance oversight, risk management, status and

problem reports including descriptions of completed tasks and system components, and administrative support.

The Contractor shall create, maintain and provide all appropriate IV&V materials, including project plans, project time and cost estimates, technical specifications and documents, management documentation, and management reporting in a form/format that is acceptable to Rhode Island, and made readily available to appropriate Rhode Island staff. The IV&V project work plan shall be revised as needed throughout the period of performance.

The Contractor's Project Manager, or a designated representative, and lead staff as needed shall attend (in person) regularly scheduled contract review meetings for the purpose of status updates, progress reports, and problem resolutions. Meetings shall be held at a location of Rhode Island's choosing in Providence or Cranston, Rhode Island. With Rhode Island's prior approval, attendance at these meetings can be via phone or teleconference.

The Contractor shall provide monthly status reports to ensure that the expenditure of resources is consistent with and will lead toward successful completion of all tasks within projected cost and schedule limitations. Monthly status reports shall detail progress made during the prior month, progress expected during the next month, resources expended, any significant problems or issues encountered, recommended actions to resolve identified problems, and any variances from the proposed schedule and discussed during a monthly briefing. In coordination with the state and pending the content approval of the project team, the monthly status reports may take the form of a PowerPoint presentation deck with sufficient details to document and expedite the identification and resolution of issues.

The Contractor shall utilize and maintain its portion of a shared document IV&V repository (Microsoft SharePoint or an equivalent system) provided by the implementation vendor to facilitate collaboration of project artifacts.

3.8.2 Exchange Life Cycle (ELC) Management

Rhode Island has already been approved by CMS through the Gate Review process for Project Startup Review, Architecture Review, and Project Baseline Review. The Contractor may need to support the creation or modification of artifacts and deliverables required by CMS in support of ELC development for future Gate Reviews and consultations. Templates for these artifacts and more information about the ELC requirements can be found on CALT.

3.8.3 Change Management

The Contractor shall be proactive in notifying Rhode Island of any developing situation that may impact operations, system interoperability, scheduled deadlines, or any other contractual issue. In the case of a known impending problem, the Contractor shall notify the State within 48 hours, and be forthcoming to address the risks and to identify mitigation strategies. The Contractor shall provide assistance to Rhode Island in explanation of reports on problem resolution and root cause analysis of problems.

3.8.4 Quality Control

The Contractor shall oversee the implementation vendor's Quality Control Plan that defines their approach, processes, and procedures for ensuring the quality and reliability of its products and services. The Contractor shall also review the implementation vendor's Quality Assurance Surveillance Plan (QASP). The QASP will provide a systematic and structured process for the Government to evaluate the services the Contractor will provide, including, but not limited to, processes, methods, metrics, customer satisfaction surveys, service level agreements, and operational level agreements. The results of the applying the QASP will document the Contractor's performance on this effort.

The Contractor shall support technical quality audits by Rhode Island.

The Contractor shall review the testing and quality control processes necessary to ensure the implementation vendor's products and services meet the requirements of the Enterprise System Development (ESD) Indefinite Delivery Indefinite Quantity (IDIQ).

3.8.5 Comprehensive Testing

The Contractor shall oversee the testing and validation of all major and minor releases prior to completing implementation. The UHIP implementation vendor testing will include unit and integration testing of all functional deliverables, as well as comprehensive system testing.

The Contractor shall oversee the following verification and tests:

- Unit tests: verification of individual hardware or software units or groups of related items prior to integration of those items;
- Integration tests: verification that the assembled individual components function properly as a group; and
- System tests: verify the software groups work and required hardware/network infrastructure work well as a whole.

The Contractor shall oversee system testing at the hosting environment. System testing includes the following activities to ensure that the application meets all requirements and expectations:

- Functional tests: verification that the system meets documented requirements
- Interface tests: verification that the system interacts with external applications according to specifications
- Regression tests: verification that changes do not adversely affect existing functionality
- Parallel tests: comparison of the results of a new application baseline against the results of a production version to ensure that the new version functions as intended
- Performance and load tests: activities to determine how the system performs under a particular workload to demonstrate that the system meets performance

criteria. This includes developing scripts for load, stress, endurance, and spike testing.

The Contractor shall oversee the results of functional validation, which includes the following:

- Activities to ensure that the application meets the customer needs and accomplishes the intended purpose
- User Acceptance Testing (UAT) that will allow end users to validate that the system delivers the requested functionality and will accomplish its business objectives. This must include consultation with stakeholders, community members, consumer advocates, health insurance issuers, and small employers as the system's functionality and user experience are developed. The state will assist the IV&V vendor to make such community connections and identify potential end user testers.

The Contractor shall oversee the documentation of test cases based on test data provided by the implementation Contractor. The Contractor shall collaborate with Rhode Island to ensure that adequate test cases and test scripts are developed. The Contractor shall assist the implementation Contractor in the establishment of test cases (in terms of inputs, expected results, and evaluation criteria), test procedures, and test data for testing the software.

4 Contractor Requirements

4.1 IV&V Contractor Qualifications

4.1.1 Minimum Qualifications

In order to submit a Response to this RFP, Bidders must meet the following minimum qualifications or have substantially equivalent experience:

- Proven IV&V experience of at least five (5) years, providing IV&V services for enterprise information technology ("IT") applications;
- Proven IV&V experience of at least five (5) years, providing IV&V services for government health programs or commercial health insurers;
- Demonstrated ability to provide experienced IV&V professional staff, with a minimum of five (5) years' experience providing IV&V services;
- In operation as a business for a minimum of five (5) years, at least three (3) of which must have been relevant to the verification and validation of large health and human services systems; and
- A corporation which has offices and conducts operations within the United States.

Note on Conflict of Interest: Bidders are informed and aware that the UHIP organizations are conducting a separate, independent procurement for an HIX/IES system implementation contractor. The selected IV&V Contractor pursuant to this RFP must not have any relationship or interest, financial, business, beneficial or otherwise, with the UHIP implementation contractor. The IV&V Contractor, its subsidiaries and parent companies, and all subcontractors are prohibited from participation in the contract resulting from the UHIP implementation RFP in any capacity, including but not limited to, as UHIP implementation Contractor, teaming partner, or subcontractor, significant or otherwise. Entities who responded to the UHIP implementation RFP may respond to this RFP, but will be disqualified from this procurement if awarded the UHIP implementation Contract.

The State reserves the right to confirm that Bidders meet these requirements.

4.1.2 Preferred Qualifications

The State is seeking a Bidder that has the following qualifications:

- Demonstrated ability to successfully perform IV&V services for projects similar to the UHIP in size, scope, critical timing, and complexity (for example, where the implementation of the underlying system involves one central application integrated with several other applications, information hubs, and external partners);

- Strong knowledge of health care reform, ACA, CCHIO, and CMS as specifically applicable to Exchanges or similar experience;
- Experience in customer facing, large scale, e-commerce applications that are web based;
- Experience working across multiple governmental agencies, organizations, and IT systems;
- Strong knowledge of state and federal privacy and security laws and regulations;
- Ability to provide resources to meet required deliverables and deadlines
- A demonstrated ability to support the delivery of projects on time, especially with aggressive timelines; and
- Experience with IV&V services in support of updating or implementing Medicaid eligibility systems in one or more states.

The State reserves the right to confirm that Bidders meet these requirements.

4.2 IV&V Vendor Responsibilities

4.2.1 Conditions Governing Subcontracting

If the Vendor intends to use any subcontractors, the Vendor must clearly identify the subcontractor in the response to the RFP and provide documentation of their skill sets and applicable experience. The Vendor retains responsibility for the completion and quality of any work assigned to subcontractors. The Vendor is expected to supervise the activities of subcontractors and employees in order to ensure quality. Changes to the subcontractors must be submitted in writing to the state and receive approval, which will not be unreasonably withheld.

4.2.2 Compliance with Statutory, Regulatory and Other Standards

The Vendor must comply with all applicable State and Federal regulations and statutes.

4.2.3 Confidentiality and Protection of Public Health Information and Related Data

Medicaid does not anticipate providing any protected health information to the successful vendor. However, in the event that protected health information or other confidential data must be shared by Medicaid or the Exchange with the vendor, the vendor shall be required to execute a Business Associate Agreement Data Use Agreement, among other requirements, shall require the successful vendor to comply with 45 C.F.R 164.502(e), 164.504(e), 164.410, governing Protected Health Information ("PHI") and Business Associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et seq., and regulations promulgated thereunder, and as amended from time to time, the Health Information Technology for Economic and Clinical Health Act (HITECH) and its implementing regulations, and regulations promulgated thereunder, and as amended from time to time, and the Rhode Island Confidentiality of Health Care Information Act, R.I. General Laws, Section 5-37.3 et seq. The successful Vendor shall be required to

ensure, in writing, that any agent, including a subcontractor to whom it provides Protected Health Information received from or created or received by and/or through this contract, agrees to the same restrictions and conditions that apply through the above-described Agreements with respect to such information. Any information provided by the State to the Vendor for the completion of the projects may not be sold, given or otherwise shared with outside parties.

4.2.4 Computers

Computer hardware, software, and other such technology required to complete the work of the contract are the sole responsibility of the Vendor.

4.2.5 Data and Reports

Data, information, and reports collected or prepared by the Vendor as well as equipment purchased by the Vendor in the course of performing its duties and obligations and paid by the State under this contract shall be deemed to be owned by the State of Rhode Island. This provision is made in consideration of the Vendor's use of public funds in collecting and preparing such data, information, and reports, and in purchasing equipment.

4.2.6 Office Space and Equipment

Office space and equipment required to complete the work of the contract are the sole responsibility of the Vendor, with the exception of the proposed on-site staff discussed in Section 3.5.3.

4.2.7 Travel

All travel costs for Vendor staff, including in-state and out-of-state travel necessary to carry out the tasks within the contract, shall be included in the fully loaded price point.

4.3 Contract

4.3.1 Single Award

The State intends to enter into a single contract for the UHIP IV&V scope of work.

4.3.2 Duration

Services under the contract are subject to approval of the State's Chief Purchasing Officer and his or her designee. Services shall commence upon completion of the award, contract, and the issuance of a state Purchase Order, and will run through December 31, 2015. The contract shall include the possibility of one one-year extension, to be exercised at the option of the State.

4.3.3 Final Contract Terms

It is the intent of the State to purchase all activities outlined in this RFP. Additional specific activities will be determined, based on the need and available funds, at the time of contract establishment.

4.3.4 Payment

The bidder will be paid through a payment schedule based on the nature of the work per the following two categories.

4.5.4.1 - One-Time deliverables

One-Time deliverables are those deliverables requiring little or no additional ongoing work for completion, other than routine maintenance to ensure conformance with the project's status and direction. Such "one-time" deliverables such as the Roadmap, the overall project plan, etc.

4.5.4.2 - Ongoing Deliverables

Ongoing Deliverables are those that will be developed throughout the project on an ongoing basis, such as status reports; issues, defects, etc. The vendor may bill for these deliverables according to the schedule for the delivery of such deliverables agreed upon between the vendor and the State.

4.5.4.3 - Deliverables

The vendor will submit completed deliverables to the State for review. In all cases, the State's Project Manager will determine successful completion of a deliverable when the deliverables have been received, reviewed and approved by the State. Should the deliverable not be accepted, the State will return the deliverable to the vendor, along with a written notification of the issues pertaining to the deliverable. The vendor will then be required to address the issues to the satisfaction of the State's Project Manager and re-submit the deliverable for review. Any such rework will not be billable to the State.

The bidder shall propose a deliverable schedule and dollar amount in their response to the RFP. Subject to approval by the State, the vendor may propose bundling the individual One-Time deliverables into a fewer number of "milestone" deliverables. Ongoing activities will be paid after the State's review and upon the submission of a monthly status report approved by the State.

Invoices: For reporting purposes, the vendor must submit an invoice for the deliverables that includes the level of effort (hours), title(s), and fully loaded rate(s) for the work completed.

4.5.4.4 - Payments

The bidder must submit the final invoice for payment to the State no more than 45 days after acceptance of the final deliverable by the State. If the bidder fails to do so, all right to payment is forfeited, and the State will not honor any request submitted after aforesaid time period. Any payment due under the terms of the contract resulting from this RFP may be withheld until all applicable deliverables and invoices have been accepted and approved by the State.

There will be no additional payments made to the bidder for incidental expenses such as software, office supplies, or travel expenses related to the completion of the

deliverables of this contract.

5 Proposal Submission

5.1 The Required Proposal

The Division of Purchases shall be the primary point of contact for all vendors from the date of release of the RFP until the contract is fully executed and signed. Any attempt by a vendor to contact any State employees regarding this procurement, other than those named on page one of this RFP, may cause rejection of the proposal submitted by the vendor.

Questions concerning this Request for Proposals may be emailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time specified on RFP page 1. **No other contact with State parties will be permitted.** Questions should be submitted in a Microsoft Word attachment. Please reference the RFP number on all correspondence. Questions received, if any, will be posted on the Division's website as an addendum to this RFP. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the Help Desk at (401) 574-8100.

Vendors should recognize that the only official answers to any questions are those made in writing and issued by the Division of Purchases to prospective vendors.

Interested vendors may submit proposals to provide the services covered by this Request on or before the date and time specified on RFP page 1. Proposals received after this time and date will not be considered.

Responses (one original plus 8 copies) and two electronic copies on CDs or flash drives should be mailed or hand-delivered in a sealed envelope marked "RFP #7458167: "IV&V for the RI Unified Health Infrastructure Project" to:

Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases.

Proposals should include the following:

- In the proposal, the bidder is expected to describe the actions necessary to produce the deliverables. In addition, the bidder should use examples to describe the format and content of the deliverables.

- The State expects the Bidder to present a clear understanding of the methods and tools used to ensure that its resources are managed to complete required tasks and deliverables.
- The Bidder's proposal must describe its Project Management process in sufficient detail to provide the State with an understanding of its approach.
- For Tasks 1 – 10 described in this RFP, bidders are asked to provide a proposed plan of specific IV&V activities, timeline, and resources to accomplish the proposed tasks.
- The proposals should include an analysis of each of the ten tasks, and for each, a specific proposed plan of work, milestones, and resources proposed.
 - The plan should consider the current status of RI's work to date, described at a high level in Appendix L, RFP #7449637.
 - The plan should also consider, for each task, major changes in the state's business processes, staffing and contracts that will be necessary as a result of the design and implementation of the new technology projects.
 - The plan should identify a proposed schedule of key milestones and deliverables that the vendor will work with the state to develop and implement, as well as a proposed set of key project deliverables and timeline for such that the vendor will prepare and deliver to the state.

Proposals must include:

- A signed and completed three-page RIVIP Vendor Certification Form with a letter of transmittal signed by an owner, officer or authorized agent of the firm or organization, acknowledging and accepting the terms and conditions of this Request, and tendering an offer to the Executive Office of Health and Human Services. The signature of the official with legal authority to bind an organization into a contractual agreement should also be included. This form is downloadable at <http://www.purchasing.ri.gov>.
- A **Technical Proposal** describing the Vendor's relevant experience and expertise, subcontracts, and experience with similar programs, as well as the workplan or approach proposed, including completion of Appendix B. The technical proposal should include preliminary project timeline, including a description of the schedule, tasks, deliverables, and milestones of the work associated with this contract. The technical proposal shall be limited to 30 pages, excluding resumes and references, using a Times New Roman font not smaller than 12 point not including attachments. Please submit all paper copies of the technical proposal double-sided.
- A **Cost Proposal** reflecting the hourly rates and other fee structures proposed for this scope of services, including completion of Appendices J and K. The cost proposal shall be limited to 10 pages using a Times New Roman font not smaller than 12 point not including attachments. Please submit all paper copies of the cost proposal double-sided.
- The Technical Proposal and Cost Proposal shall be **separately sealed** and clearly marked. There shall be no reference to price(s) in the Technical Proposal

- In addition to the **original** and **8 hard copies** of the proposals required, vendors are requested to provide their proposal in **electronic format (CD ROM, Flash Drive)**. Microsoft Word, Excel, or PDF format is preferable. Two electronic copies are requested. The CDs or flash drives shall be included in the proposal marked “original” and clearly labeled with vendor information.

5.2 Technical Proposal

One hard copy of the Technical Proposal must contain original signatures and be clearly marked as the “Original Technical Proposal.”

The sum total of pages in the Technical Proposal shall not exceed 30 pages, with the exception of resumes and project plans. The technical proposal submission should contain the following sections below(5.2.1 thru 5.2.5) clearly delineated and labeled by section(i.e. 5.2.1 Executive Summary) in a 3 ring binder or similar bound document. Submissions not following this format may be excluded from evaluation. The Technical Proposal must contain the following sections:

5.2.1 Executive Summary

Vendor’s Technical Proposals must include an Executive Summary of not more than five (5) pages. The Executive Summary should summarize and highlight relevant contents of the Proposal to provide the State administrators and the Evaluation Team with a broad understanding of the vendor’s Technical Proposal.

Vendors should summarize how their proposal meets the requirements of this RFP and why the vendor is best qualified to perform the work required.

The proposal shall include a summary of the following:

- The vendor’s understanding of the project and the State’s needs, project management approach, and commitment to successfully performing all project activities;
- A brief summary of the vendor’s experience and ability to perform this project.
- An overview of the vendor’s proposed approach to:
 - IV&V for the Implementation and integration of the UHIP system and
 - IV&V design, testing, and implementation of enhancements
- Project challenges and risks, and suggested mitigation strategies; and
- An overview of the vendor’s corporate resources, including relevant previous experience, staff, computer facilities, financial stability, and corporate commitment to this contract.
- A general description of the capabilities and role of any subcontractors.

5.2.2 Bidder Qualifications and Experience (see section 6.3.1- 25 points)

Vendors must provide a detailed summary of contractor and subcontractor experience for its proposed project organization. The vendor must provide its relevant

qualifications relevant experience. Vendors must demonstrate an understanding of the scope of services required to provide IV&V services for the UHIP project.

Minimum and preferred vendor qualifications are listed in Sections 4.1.1 and 4.1.2 of this RFP. The vendor must clearly state that these qualifications are met, and provide detailed examples where appropriate.

Bidders should detail any past experience in IV&V services for information technology systems on behalf of state governments for the human services programs referenced in the UHIP implementation RFP #7449637 Task Orders 4 and 6 in Sections 4.2.4 and 4.2.6.

The State reserves the right to conduct checks of vendor references, by telephone or other means, and evaluate the vendor based on these references. It is the Bidder's responsibility to ensure that every reference contact is available during the evaluation period.

The vendor's proposal must include a minimum of three (3) corporate references from three (3) separate and distinct projects of comparable size and complexity that detail the proposers' experience in completing the tasks described in this RFP and that meet the minimum qualifications stated in Section 4.1.1 of this RFP. At least two (2) references for any subcontractors should also be included.

For each reference, the vendor shall provide:

- The agency or company name of the reference;
- The location where the services were provided (city, state);
- Primary and secondary contact name, title, telephone number, and e-mail address the client reference;
- A complete description of the project;
- Description of the vendor's role in the project;
- Beginning and end dates of the project;
- Maximum number of vendor staff assigned to project at one time;

If the vendor is proposing subcontracting relationships, the proposal should include a description of any prior engagements teaming with the proposed subcontractors.

The vendor should be aware that any persons named in the proposal (prime or subcontractor personnel) who is or was an employee of the State of Rhode Island in the past 12 months may be subject to Rhode Island Code of Ethics, R.I. Gen. laws § 36-14-1 *et seq.*

If, at any time during the past three (3) years, the vendor or any proposed subcontractor has had a contract terminated for convenience, nonperformance, non-allocation of funds, or any other reason, the vendor must fully describe each termination and include the name, address, and telephone number of the contracting party and describe the circumstances surrounding the termination. If no such early terminations have occurred in the past three (3) years, the vendor should include a statement to that effect.

5.2.3 Approach to Completing the Scope of Work (see section 6.3.2- 25 points)

Aside from this RFP, the State has entered into two separate contracts with project management contractors to assist the State in managing the activities of this RFP: one contract between a project management vendor and the Exchange and a second contract between a project management vendor and EOHHS. DHS may also contract with a project management vendor. The selected vendor(s) is expected to cooperate fully with State staff and their contractors representing the State, including the project management services, throughout all project activities.

Vendor's proposals must address how they will successfully complete the work for all activities listed in Section 3 of this RFP. Vendor's proposals must include a proposed schedule for completion of the IV&V work related to the Task Orders and milestones contained in the implementation scope of work.

If the vendor has a different deliverable approach and methodology that meets or exceeds the objectives of the deliverables specified in this RFP, the vendor must identify and describe its suggested deliverables and explain how they meet or exceed the objectives of the deliverables specified in this RFP.

5.2.4 Approach to Project Staffing (see section 6.3.3 -25 points)

Bidders will be required to provide qualified staff to perform all activities described in Section 3, Scope of Work, and meet all Requirements contained in Section 4. Proposals should include the following:

- The number and types of staff required to complete the scope of work.
- Level of effort (hours).
- The planned physical location of staff, including any requirements for office space collocated with state staff.
- Transition of personnel from Phase 1 to Phase 2.
- A proposed staffing plan showing personnel categories and staffing equivalents for major categories of staff assigned to each activity. The staffing plan should show key and non-key personnel staffing by category or person by month for the duration of the project.
- A backup plan for replacement or supplementing staff if required

Proposals must identify and describe roles and responsibilities of any key personnel proposed by the Bidder, including the specific roles listed in Section 3.5.2.

Bidders may propose multiple roles for a key person, but overlapping responsibilities and transition between roles must be explained. Responses that do not identify the persons proposed for the positions by name will be rejected as non-responsive.

This section must include resumes and short narrative descriptions summarizing relevant experience of all proposed key personnel. Resumes should include relevant project experience, description of the person's role on the project, dates of participation, and three personal references with names, addresses, telephone numbers and e-mail addresses.

In addition to the narrative description of these roles in the response, bidders must complete the template in Appendix J detailing the anticipated level of effort (hours) for each role in the project by calendar year. Appendix J should include all roles anticipated to participate in the project, not only those identified as key personnel of the response. Vendors must also supply a rate card using the “Rate Card” tab in Appendix J. Proposals that do not include an electronic version of the completed spreadsheets attached as Appendix J may be considered non-responsive.

5.3 Cost Proposal (see section 6.3.4 -25 points)

Vendors must submit eight (8) hard copies of the Cost Proposal with original signatures. Bidders must also submit two (2) electronic copies of the Cost Proposal and Cost Spreadsheet Appendix K on a CD-ROM or a thumb drive in Microsoft Office or Adobe Acrobat format.

The Cost Proposal shall be clearly labeled as “Cost Proposal” and included as a separate sealed document from the Technical Proposal within the box or envelope containing the vendor’s proposal.

Cost proposals should be printed on 8½ X 11 inch paper (letter size) double-sided. Cost proposals must be single-spaced, and the text font must be no smaller than 12 points. Tables and figures may be in smaller font, but must be legible.

Templates for Pricing Schedules are included in Appendix K to this RFP. For each schedule, where a signature block is indicated, an appropriate corporate official must sign and date the schedule. If any variations exist between the summary schedules and the other schedules and no clarification appears, the schedules with the lower cost will prevail. It is the vendor’s responsibility to identify any missing cost items that are not identified in the RFP, and missing items will be the responsibility of the vendor; no additional items/costs will be added on after selection of the vendor.

Bidders must include a specific fixed price proposal, according to the template in Appendix K. Proposals that do not include an electronic version of the completed spreadsheet attached as Appendix K may be considered non-responsive.

5.3.1 Cost Proposal Executive Summary

Bidders’ Cost Proposals must include an Executive Summary. The Executive Summary should summarize and highlight relevant contents of the Cost Proposal to provide State administrators and the Evaluation Team with a broad understanding of the Vendor’s Cost Proposal. The Executive Summary should include a statement certifying that all pricing information presented as part of the proposal is in U.S. dollars and that all required cost information is enclosed.

5.3.2 Fixed Price Cost Details

Bidders shall provide details concerning their fixed price proposal for the IV&V work.

6 Evaluation and Award

6.1 Evaluation Team

The State will commission a review team to evaluate and score all proposals that are complete and minimally responsive using the criteria described below. The evaluation of any item may incorporate input from sources other than the vendor's response and supplementary materials submitted by the vendor. Those other sources could include assessments made by evaluators based on findings recorded from reference checks (including but not limited to those supplied by the vendor), prior experience with or knowledge of the vendor's work, responses to follow-up questions posed by the State and/or oral presentations by the vendors if requested by the State. The State reserves the right to contact individuals, entities, or organizations who have had recent contracts or relationships with the firm or staff proposed for this effort, whether or not they are identified as references, to verify that the vendor has successfully performed their contractual obligations in other similar efforts.

The Evaluation Team will be responsible for evaluating the Technical and Cost Proposals, including the final scoring of all proposals, resolving compliance issues, and preparing the final report that recommends a Bidder for selection.

6.2 Evaluation Process

Proposals will only be evaluated if they are determined to be responsive, in compliance with all instructions listed in this RFP at Section 4: Contractor Requirements and Section 5: Proposal Submission. If a proposal does not meet all the Mandatory Technical Proposal Submission Requirements, it may be eliminated from further consideration.

The State, at its discretion, may invite selected bidders for oral presentations of their services. Reference checks may also be made.

The Evaluation Team will then finalize the scores of each Bidder's Technical Proposal. If vendors qualify with a minimum technical score of 56.25 points out of 75 points, they will advance to the Cost Proposal stage.

The State may specify Key Personnel identified in the Bidder's proposal to participate in Oral Presentations. The questions to be asked of the personnel may include background and relevant experience, together with situational business related questions. The State will set the agendas for oral presentations.

The Evaluation Team will combine the scores of each Bidder's Technical Proposal and Cost Proposal, awarding the bid to the highest scoring vendor. Final selection will be on the basis of best value to the State and in the best interest of the State.

The Department of Administration's, Division of Purchasing Procurement Officer will notify the Apparent Successful Bidders and all other Bidders in writing of the selection decision.

6.3 Evaluation Criteria

The following criteria will be evaluated for each proposal:

6.3.1 Bidder Qualifications and Experience

25 points. The Vendor must meet the minimum qualifications as described in Section 4.1.1 of this RFP and address the preferred qualifications of Section 4.1.2. Evaluators will consider prior experience and expertise in the tasks described and the extent to which the vendor meets the minimum criteria. Evaluators will strongly consider recommendations from other clients utilizing the vendor for similar work to be performed under the contract. Negative feedback from other clients will be cause for significant point deductions. Vendor or subcontractor status as an MBE will also be considered.

6.3.2 Approach to Completing the Statement of Work

25 points. The State will evaluate the vendor's written proposal describing how it intends to organize and accomplish the tasks and activities in the Scope of Work. The description shall discuss and justify the proposed approach and the technical issues that will or may be confronted at each stage of the project. The proposed work plan shall describe the phases, tasks, milestones, dates, and deliverables for the project. The State will score vendors highly who demonstrate a clear, complete understanding of each task and activity and who present an effective work plan for accomplishing them. Vendors are encouraged to offer innovative and informative responses showing initiative above and beyond the requirements stated in this document.

6.3.3 Approach to Project Staffing

25 points. The vendor must detail the proposed staffing. The State will highly score vendors who present a plan for resources and level of effort that, in the State's best judgment, would accomplish the tasks effectively and efficiently resulting in an excellent quality outcome. Level of expertise, experience and qualifications of proposed positions, proposed key staff listed in Appendix J, and proposed subcontractors will be considered significantly. Evaluators will strongly consider recommendations from other clients utilizing the vendor staff for similar work to be performed under the contract. Negative feedback from other clients will be cause for significant point deductions.

6.3.4 Cost

25 points. Initial build, implementation, and ongoing costs will be evaluated. Cost scores will be mathematically normalized based on the lowest fixed price cost proposal using the following formula: $(\text{Lowest Cost} / [\text{Proposed Cost of Other Vendor}]) \times \text{Cost Points Available}$.

6.4 Advancing to the Cost Evaluation Stage

The Evaluation Team will review qualified proposals in two rounds. The technical and cost proposals will be reviewed in accordance with the evaluation criteria described in Section 6.2. Bids whose technical proposals receive a score of at least 56.25 points (amounting to 75 percent of the 75 possible technical points) will be eligible to advance to the Cost evaluation stage.

6.5 Award

The Review Team will provide a written recommendation, including the results of all evaluations, to the Rhode Island Department of Administration, Division of Purchases who will award this RFP.

- The review team may require vendors to participate in an oral presentation as part of the review and may adjust the technical score accordingly.
- The review team may require the vendors to clarify its proposal through written clarification questions.
- The review team will present written findings, including the results of all evaluations, to the State Purchasing Agent or designee, who will make the final selection for this solicitation. When a final decision has been made, a notice will be posted on the Rhode Island Division of Purchases web site.
- Because the cost evaluation will be conducted on the basis on value, not simply cost, the lowest price vendor may not necessarily be awarded the contract.
- The State reserves the right to accept or reject any or all options, bids, or proposals and to act in its own best interest.
- Proposals found to be technically and substantively non-responsive at any point in the evaluation process may be rejected and not considered further. The State, at its sole option, may elect to require presentation(s) by offerors in consideration for the award. An award will not be made to a contractor who is neither qualified nor equipped to undertake and complete required work within a specified time.
- Notwithstanding anything above, the State, and its agents reserve the right to either accept or reject any, or all, bids, proposals, award on cost alone, cancel the solicitation and to waive any technicality in order to act in the best interests of the State and to conduct additional negotiations as necessary.

6.6 Federal and State Approvals

Final contract approval is contingent upon Federal and State approvals. Every effort will be made by the State to facilitate rapid approval upon award.

7 Governing Terms and Conditions

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL:

<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

For this project, the following item(s) augment the State's General Terms and Conditions,.

31d. A Technology Errors and Omissions Policy or Professional Liability Policy in the amount of at least \$1,000,000 each occurrence and \$1,000,000 annual aggregate arising out of or resulting from the performance of Services under this Contract covering:

Errors and Omissions, Product Failure, Security Failure, Professional Liability and Personal Injury. Insured will include any individual who is an agent or independent contractor while acting within the scope of his or her contract with the named insured under the Contract.

8 Appendices

The following documents are included as part of the RFP.

Within the “Appendix A-I.pdf” document are contained the following Appendices

- Appendix A. State General Terms and Conditions
- Appendix B. Civil Rights Act of 1964
- Appendix C. Rehabilitation Act of 1973
- Appendix D. Drug-Free Workplace Policy and Contractor Certificate of Compliance
- Appendix E. Subcontractor Compliance
- Appendix F. Environmental Tobacco Smoke
- Appendix G. Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions and Certification
- Appendix H. W-9 Request Form
- Appendix I. Relevant Statutory and Regulatory Documents

The following two Excel Appendix J and K spreadsheets are provided as separate files:

- Appendix J. UHIP IV&V Approach to Staffing.xlsx
- Appendix K. UHIP IV&V Cost Response.xlsx

The following RI RFP document is often referenced in this IV&V RFP and is thus included in the package:

- Appendix L. RFP #7449637 – Unified Health Infrastructure Project [Implementation] RFP